Patterson PTOS 6.0

User Guide

Volume III

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PTOS

System Requirements

Please see our current hardware requirements for the current System Requirements.

Local Area Network

If you will be running PTOS on a network, there are several considerations to keep in mind. First, you MUST have a Multi-User version of PTOS.

Operational Considerations – The Network version of PTOS allows a high degree of freedom when using various data entry and reporting routines. As with any multi-station data entry system, however, certain precautions should be taken into consideration. These considerations can be summed up in one statement: "No data can be entered that will affect the results of another operation taking place at that same time." Specific considerations are listed below.

- PTOS requires **Administration Rights** to the PTOS folder and all of its sub-folders and files. In addition, all workstations must have Administration Rights to their local temp folder and its files.
- You can direct printing to any printer on the network by selecting **Special Tasks** | **Print Administrator**. Printing can also be redirected at the time sending output to a printer is selected. If you use print spooling, it is up to your hardware consultant to set the spooler correctly. If this is not set correctly, documents can be lost.

Keyboard Shortcut Keys

The following is a list of function keys that can be used in PTOS:

F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

F5 – Use this key to **search** an existing list.

% – Use this key in a search field to open the entire list of options.

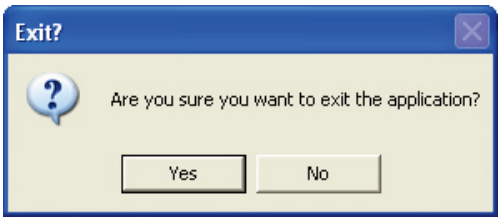
Logging On

Double-click the PTOS icon or select PTOS from the **Program** list.

The PTOS Login Menu

The system date will default to today's date; however; the option to return to a previous system date is available. Enter a **username** and **password** to log into **PTOS**.

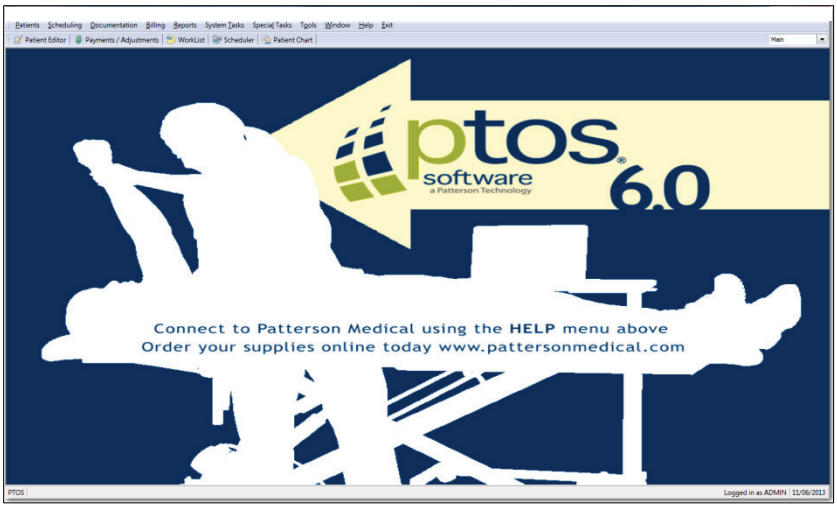
To exit **PTOS**, select **Exit** on the toolbar.



Select **Yes** to exit. Select **No** to continue.

Main Screen Logo Graphics

To access the PTOS Background Image preference, go to **Special Tasks** | **Show PTOS Background Image** and check this feature to have the main screen appear upon opening the software. Uncheck if the main screen is not wanted upon startup.


Patients Scheduling Documentation Billing Reports System Tasks Special Tasks Tools Window Help Exit
Patient Editor Payments / Adjustments WorkList Scheduler Patient Chart
Main
ptos
software
a Patterson Technology
6.0
Connect to Patterson Medical using the HELP menu above
Order your supplies online today www.pattersonmedical.com
PTOS
Logged in as ADMIN : 11/06/2013

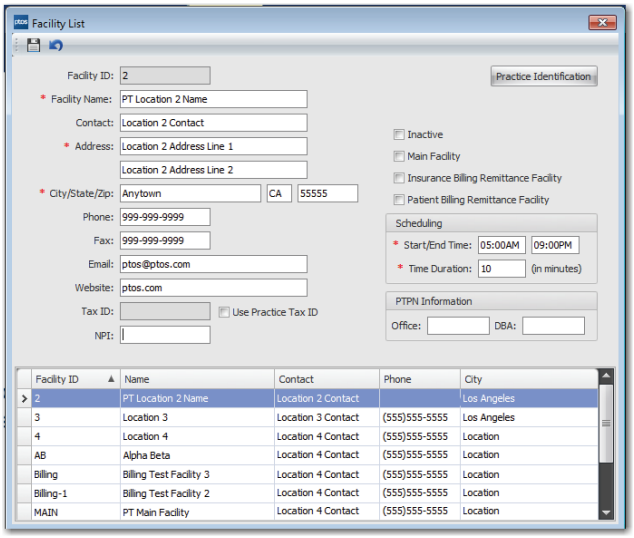
Using PTOS

Setting Up PTOS

Before you can realize the full potential of **PTOS**, you must set up the basic information. This chapter will walk you through the basic setting up of **PTOS** for your office needs.

Setting Up Your Facility Information

The **Tax ID number** cannot be edited from this screen. This number is supplied by your licensing information.

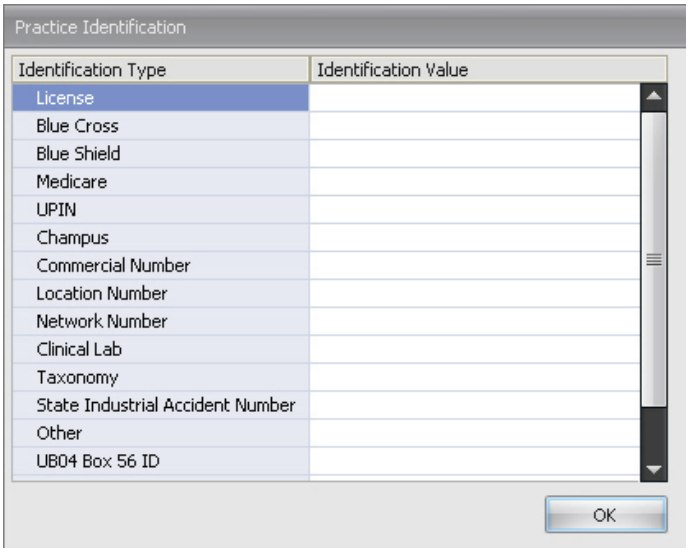

Facility List
Facility ID: 2
Practice Identification
* Facility Name: PT Location 2 Name
Contact: Location 2 Contact
* Address: Location 2 Address Line 1
Location 2 Address Line 2
* City/State/Zip: Anytown CA 55555
Phone: 999-999-9999
Fax: 999-999-9999
Email: ptos@ptos.com
Website: ptos.com
Tax ID:
Use Practice Tax ID
NPI:
Inactive
Main Facility
Insurance Billing Remittance Facility
Patient Billing Remittance Facility
Scheduling
* Start/End Time: 05:00AM 09:00PM
* Time Duration: 10 (in minutes)
PTPN Information
Office: DBA:
Facility ID | Name | Contact | Phone | City
2 | PT Location 2 Name | Location 2 Contact | | Los Angeles
3 | Location 3 | Location 3 Contact | (555)555-5555 | Los Angeles
4 | Location 4 | Location 4 Contact | (555)555-5555 | Location
AB | Alpha Beta | Location 4 Contact | (555)555-5555 | Location
Billing | Billing Test Facility 3 | Location 4 Contact | (555)555-5555 | Location
Billing-1 | Billing Test Facility 2 | Location 4 Contact | (555)555-5555 | Location
MAIN | PT Main Facility | Location 4 Contact | (555)555-5555 | Location

Under **System Tasks** | **Supervisor** | **Facility** enter your facility information. Enter your demographic information including **Scheduling Start/End time** and **Scheduling Time Duration**.

In the **PTPN Information** section, enter the **Office** and **DBA** information.

Select the checkboxes to designate this facility as the **Insurance Billing Remittance Facility** and/or **Patient Billing Remittance Facility**.

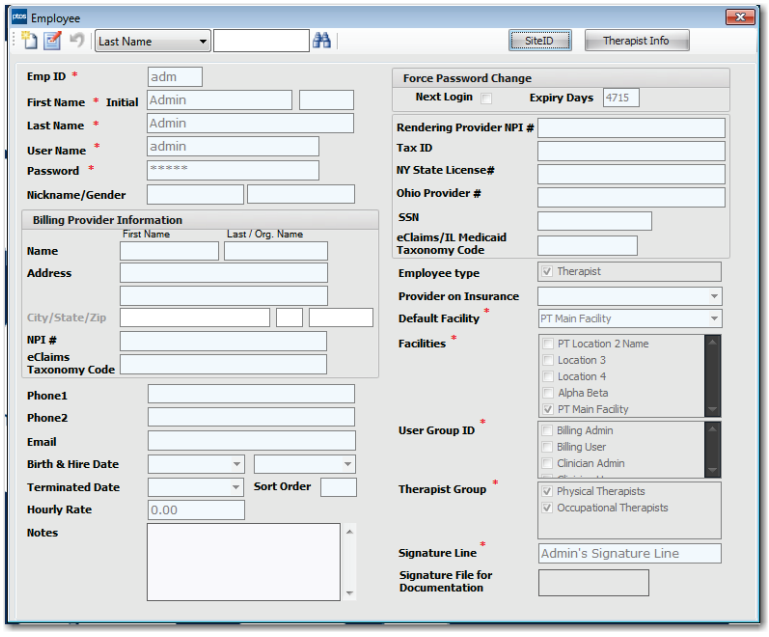
Select the **Practice Identification** button to enter additional identification numbers such as **License**, **UPIN** and insurance group numbers.



Select **OK** to save.

Setting Up Your Employees

Required fields are denoted with asterisks.



Under **System Tasks** | **Supervisor** | **Employee**, create and/or edit the employees of your facility. If you have purchased the **Scheduling** program separately, you will need to create all employees: both therapists and office staff. While creating/editing an employee, all the areas indicated by a red asterisk must be filled out to save this employee.

To create a new employee, select the **Add** icon. Enter the **Emp ID**. In the next section, enter the **employee's name, User Name, Password** and **Nickname/Gender,** if desired.

Under the Billing Provider Information, enter the **Employee's Name**, **Address**, **City/State/Zip** and **NPI #.** Also include the **Phone number(s)**, **Email**, **Birth and Hire Dates**, **Title**, **Terminated Date**, **Hourly Rate**, **Sort Order** and **Notes**.

Under **Force Password Change**, select either **Next Login** or an **Expiration** date.

Required for therapists.

Enter the employee's **NPI #** (if applicable)**, Tax ID number** (if applicable)**, NY state License** (if applicable), **Ohio Provider #** (if applicable), **Social Security Number**, **Taxonomy code,** and **Statement Header**.

Select **Employee type** and **Provider on Insurance** physician. Select the **Default Facility** and any additional **Facilities** for this employee.

User Group ID – This area allows you to set up the different access levels for your employees.

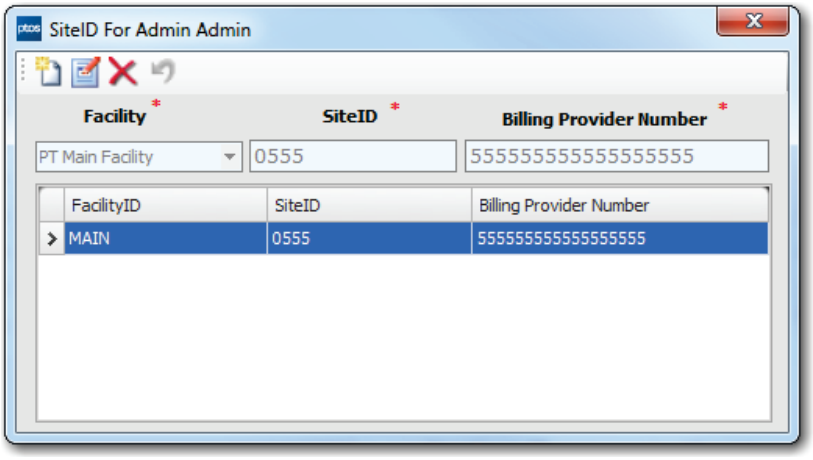
Therapist Group – All employees must be assigned a **Therapist Group**. If the employee is not a therapist, it will not have any effect on the schedule.

Signature Line – This area must be filled out by all Therapists. The information in this area is how the employee's electronic signature will look.

Signature File for Documentation – Browse to the location in which you wish to save the signature file.

Site ID

Do not alter this area without the assistance of PTOS support.



Select the **Site ID** button to select the **Site ID** from the available options.

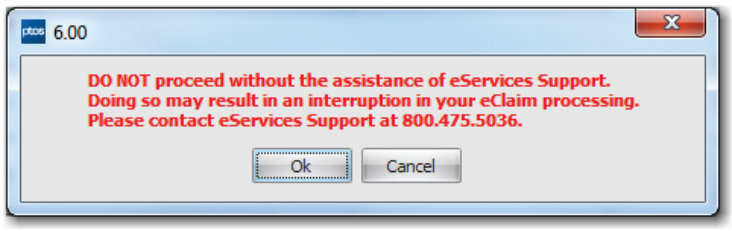
Keyboard Shortcuts

F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

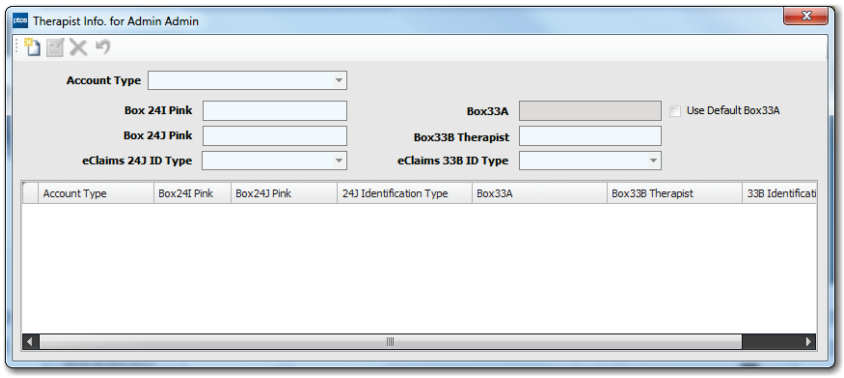
F5 – Use this key to **search** an existing list.

% – Use this key in a search field to open the entire list of options.


6.00
DO NOT proceed without the assistance of eServices Support.
Doing so may result in an interruption in your eClaim processing.
Please contact eServices Support at 800.475.5036.
Ok
Cancel

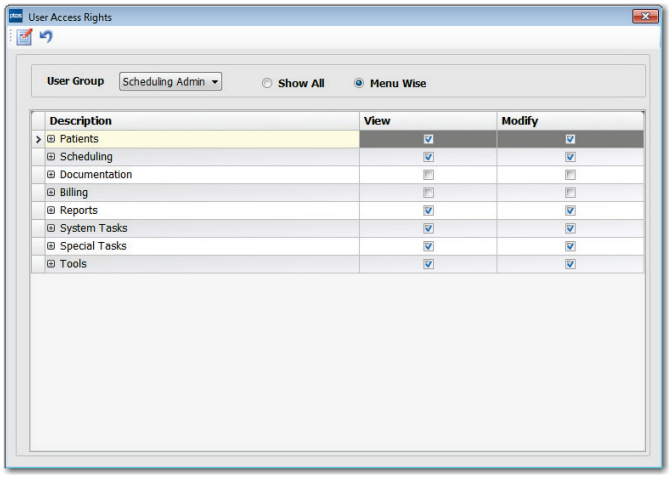
Therapist Info

Select **Therapist Info** to assign the required numbers for **Insurance Claims by Account Type.**



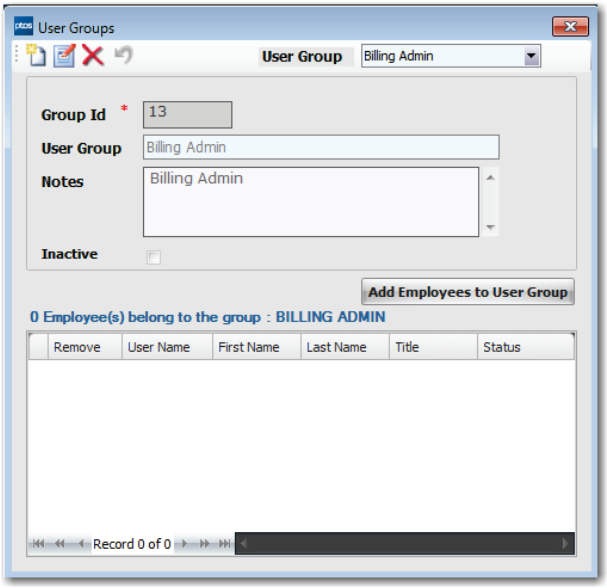
User Access Rights

To establish administration rights for users, select **System Tasks** | **Supervisor** | **User Access Rights.**

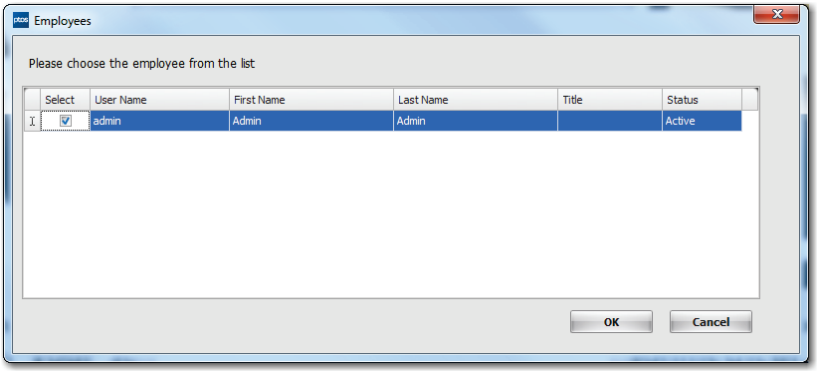


Under **User Groups**, select the group name. The areas associated with this **User Group** appear below. Select or deselect the checkboxes that allow group members to **View** or **Modify** the selected areas of **PTOS**. Items with a single level of access will have **View** and **Modify** linked automatically.

User Groups are assigned to employees in the **Employee** screen. Another way to assign employees to **User Groups** is under **System Tasks** | **Supervisor** | **User Groups.**



Select the **User Group** drop-down arrow to select a **User Group**. Select, **Add Employees to User Group,** to add employees. Use the red **X** to remove an employee.



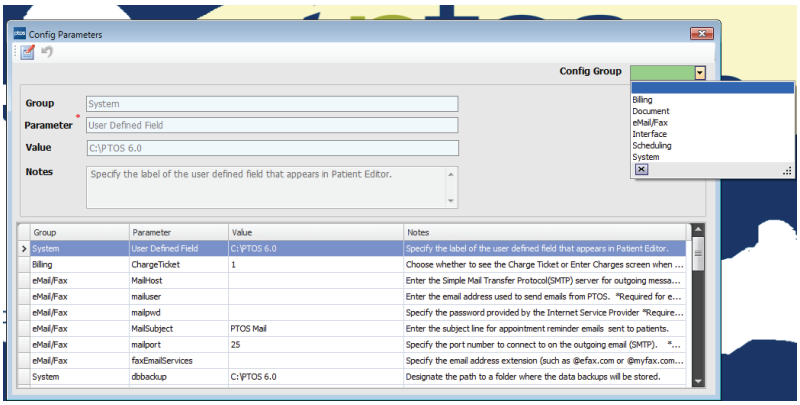
Select the checkbox associated with the desired employee. Select **OK**.

To create a new **User Group**, select the **Add** icon or **F2**. Enter the description information and save.

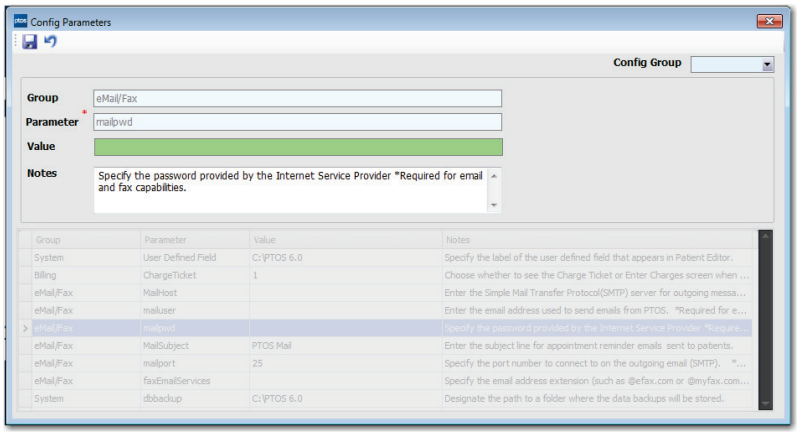
To delete an existing **User Group**, select the desired group and select the **Delete** icon.

Config Parameters

Configure your preferred settings using **Config Parameters**. Select **System Tasks** | **Supervisor** | **Config Parameters**.



Use the drop-down list to select a **Config Group** or leave this area blank to view all available options. Select the **Edit** icon or **F3** to edit the selected parameter.

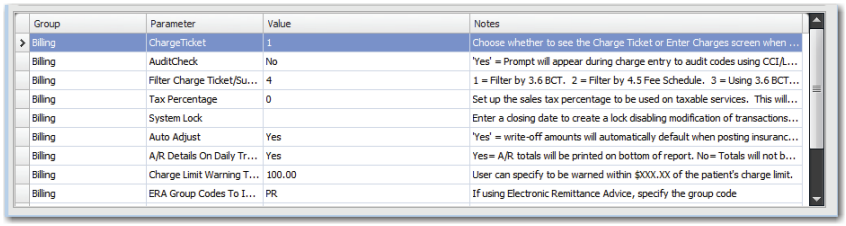


Edit the **Value** to suit your office's needs. Select the **Save** icon to save your changes.

Config Groups

Config Groups are parameters that affect the same area of the software. The following **Config Groups** are available.

Billing


Group
Parameter
Value
Notes
Billing
ChargeTicket
1
Choose whether to see the Charge Ticket or Enter Charges screen when ...
Billing
AuditCheck
No
'Yes' = Prompt will appear during charge entry to audit codes using CCI/L...
Billing
Filter Charge Ticket/Su...
4
1 = Filter by 3.6 BCT. 2 = Filter by 4.5 Fee Schedule. 3 = Using 3.6 BCT...
Billing
Tax Percentage
0
Set up the sales tax percentage to be used on taxable services. This will...
Billing
System Lock
Enter a closing date to create a lock disabling modification of transactions...
Billing
Auto Adjust
Yes
'Yes' = write-off amounts will automatically default when posting insuranc...
Billing
A/R Details On Daily Tr...
Yes
Yes= A/R totals will be printed on bottom of report. No= Totals will not b...
Billing
Charge Limit Warning T...
100.00
User can specify to be warned within $XXX.XX of the patient's charge limit.
Billing
ERA Group Codes To I...
PR
If using Electronic Remittance Advice, specify the group code

Charge Ticket – Choose whether to see the **Charge Ticket** or **Enter Charges** screen when entering charges from **Scheduling** and/or **Documentation**. This DOES NOT impact entering charges from **Patient Editor** or the **Billing** menu. Value: 1 = Charge Ticket, 2 = Enter Charges, 0 = Neither.

AuditCheck – Value: 'Yes' = Prompt will appear during charge entry to audit codes using CCI/LCD edits. 'No' = Prompt will not appear during charge entry.

Filter Charge Ticket/Superbill – 1= Filter by 3.6 BCT. 2 = Filter by 4.5 Fee Schedule. 3 = Using 3.6 BCT but do not automatically filter codes. 4 = Using 4.5 Fee Schedule but do not automatically filter codes.

Tax Percentage – Value: Set up the sales tax percentage to be used on taxable services. This will be used on codes marked as a Taxable Services in C.P.T. Code setup.

System Lock – Enter a closing date to create a lock disabling modification of transactions dated prior to that date. To disable the temporary lock, remove the date or enter a new date.

Auto Adjust – Value: 'Yes' = write-off amounts will automatically default when posting insurance payments. 'No' = write-off amounts will not default when posting insurance payments.

A/R Details on Daily Transaction Report – Yes = A/R totals will be printed at the bottom of report. No = Totals will not print at bottom of report.

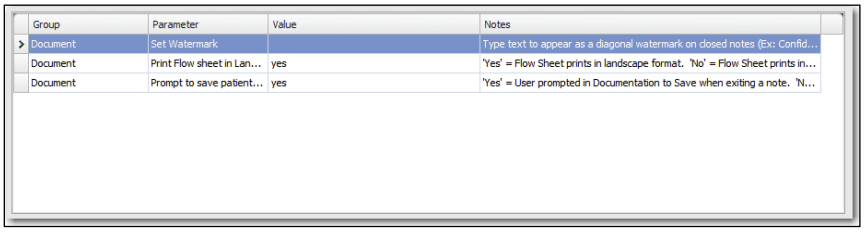
Charge Limit Warning Threshold – User can specify to be warned within x amount of patient's charge limit.

ERA Group Codes To Ignore – If using Electronic Remittance Advice, specify the group code.

Use Partial Automatic (not Manual) distribution setting in Bulk Payments. 'Yes' = USER manually distributes payment amount per claim & SYSTEM automatically distributes to services on each claim. 'No' = SYSTEM automatically distributes ALL (payment amount per claim & services).

Bulk Payment Facility Default – 1 = Patient's Assigned Facility. 2 = Treating Facility for the Claim.

Document



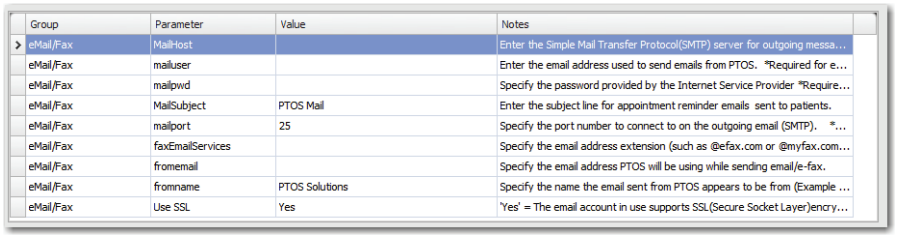
Group	Parameter	Value	Notes
Document	Set Watermark		Type text to appear as a diagonal watermark on closed notes (Ex: Confid...
Document	Print Flow sheet in Lan...	yes	'Yes' = Flow Sheet prints in landscape format. 'No' = Flow Sheet prints in...
Document	Prompt to save patient...	yes	'Yes' = User prompted in Documentation to Save when exiting a note. 'N...

Set Watermark – Type text to appear as a diagonal watermark on closed notes (Ex: Confidential, Closed, etc.).

Print Flow sheet in Landscape – 'Yes' = Flow Sheet prints in landscape format. 'No' = Flow Sheet prints in portrait format.

Prompt to save patient notes – 'Yes' = User prompted in Documentation to Save when exiting a note. 'No' = the System will automatically Save everything without prompting.

eMail/Fax



Group	Parameter	Value	Notes
eMail/Fax	MailHost		Enter the Simple Mail Transfer Protocol(SMTP) server for outgoing messa...
eMail/Fax	mailuser		Enter the email address used to send emails from PTOS. *Required for e...
eMail/Fax	mailpwd		Specify the password provided by the Internet Service Provider *Require...
eMail/Fax	MailSubject	PTOS Mail	Enter the subject line for appointment reminder emails sent to patients.
eMail/Fax	mailport	25	Specify the port number to connect to on the outgoing email (SMTP). *...
eMail/Fax	faxEmailServices		Specify the email address extension (such as @efax.com or @myfax.com...
eMail/Fax	fromemail		Specify the email address PTOS will be using while sending email/e-fax.
eMail/Fax	fromname	PTOS Solutions	Specify the name the email sent from PTOS appears to be from (Example ...
eMail/Fax	Use SSL	Yes	'Yes' = The email account in use supports SSL(Secure Socket Layer)encry...

Mail Host – Enter the Simple Mail Transfer Protocol (SMTP) server for outgoing messages, or the email provider's SMTP outgoing address. This information can be provided from your Internet Service Provider (ISP) or network administrator. *Required for email and fax capabilities.

Mailuser – Enter the email address used to send emails from PTOS. *Required for email and fax capabilities.

Mailpwd – Specify the password provided by the Internet Service Provider. *Required for email and fax capabilities.

MailSubject – Enter the subject line for appointment reminder emails sent to patients.

Mailport – Specify the port number to connect to on the outgoing email (SMTP). *Required for email and fax capabilities.

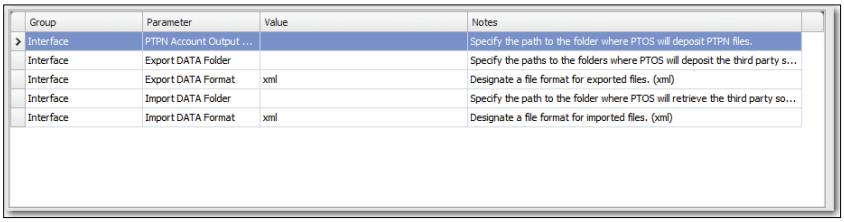
faxEmailServices – Specify the email address extension (such as @efax.com or @myfax.com) used by the email fax service. PTOS links the recipient's fax number and the faxEmailServices field to form the email address of the fax.

Fromemail – Specify the email address PTOS will be using while sending email/e-fax.

Fromname – Specify the name the email sent from PTOS appears to be from (Example – American Rehab Clinic). This name will appear in the From box of outgoing messages.

Use SSL – 'Yes' = the email account in use supports SSL encryption. 'No' = the email account in use does not support SSL encryption.

Interface



Group	Parameter	Value	Notes
Interface	PTPN Account Output ...		Specify the path to the folder where PTOS will deposit PTPN files.
Interface	Export DATA Folder		Specify the paths to the folders where PTOS will deposit the third party s...
Interface	Export DATA Format	xml	Designate a file format for exported files. (xml)
Interface	Import DATA Folder		Specify the path to the folder where PTOS will retrieve the third party so...
Interface	Import DATA Format	xml	Designate a file format for imported files. (xml)

PTPN Account Output Folder Path – Specify the path to the folder where PTOS will deposit PTPN files.

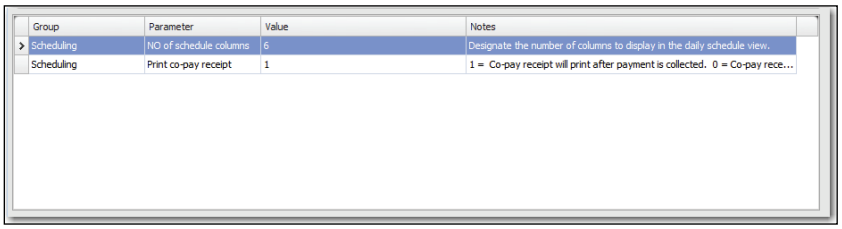
Export DATA folder – Specify the paths to the folders where PTOS will deposit the third party software import files.

Export DATA Format – Designate a file format for exported files. (xml)

Import DATA Folder – Specify the path to the folder where PTOS will retrieve the third party software export files.

Import DATA Format – Designate a file format for imported files. (xml)

Scheduling

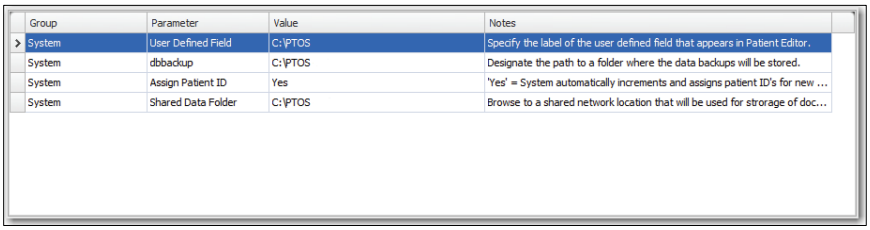


Group	Parameter	Value	Notes
Scheduling	NO of schedule columns	6	Designate the number of columns to display in the daily schedule view.
Scheduling	Print co-pay receipt	1	1 = Co-pay receipt will print after payment is collected. 0 = Co-pay rece...

NO of schedule columns – Designate the number of columns to display in the daily schedule view.

Print co-pay receipt – 1 = Co-pay receipt will print after payment is collected. 0 = Co-pay receipt will NOT print after payment is collected.

System



Group	Parameter	Value	Notes
System	User Defined Field	C:\PTOS	Specify the label of the user defined field that appears in Patient Editor.
System	dbbackup	C:\PTOS	Designate the path to a folder where the data backups will be stored.
System	Assign Patient ID	Yes	'Yes' = System automatically increments and assigns patient ID's for new ...
System	Shared Data Folder	C:\PTOS	Browse to a shared network location that will be used for strorage of doc...

User Defined Field – Specify the label of the user defined field that appears in Patient Editor.

Dbbackup – Designate the path to a folder where the data backups will be stored.

Assign Patient ID – 'Yes' = System automatically increments and assigns patient IDs for new patients. 'No' = User is responsible for manually entering unique patient IDs for new patients.

Shared Data Folder – Designate the path to a folder where shared data will be stored.

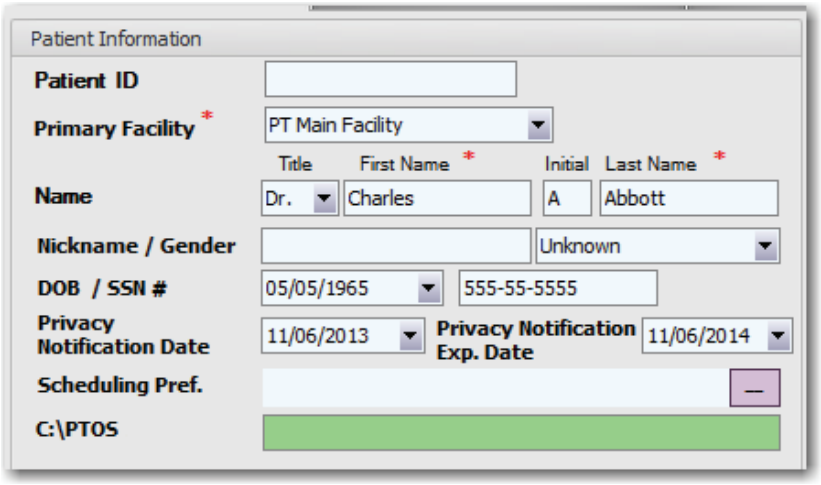
Patients

Enter the **Patient Case**, **Referral/Employer**, **Bill** information and more. Patient information is **Case** specific in all areas except for **Patient Information, Emergency Information** and **Personal Information.**

Patient Case Tab

To search for existing **Patients**, enter a patient name in the **Search** field. Once the correct patient has been selected, use the Case drop-down menu to select a different case, if desired.

Patient Information



Keyboard Shortcuts

F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

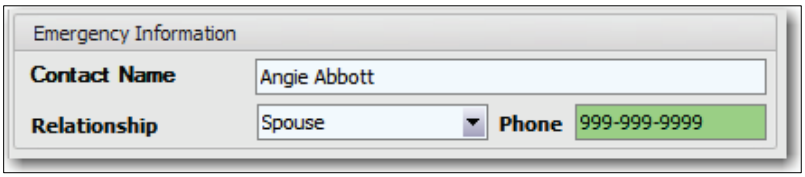
F5 – Use this key to **search** an existing list.

% – Use this key in a search field to open the entire list of options.

To enter a new patient, select the **Patients menu** | **New Patient** or select the **New Patient** icon. In the **Patient Information** section, enter the following information:

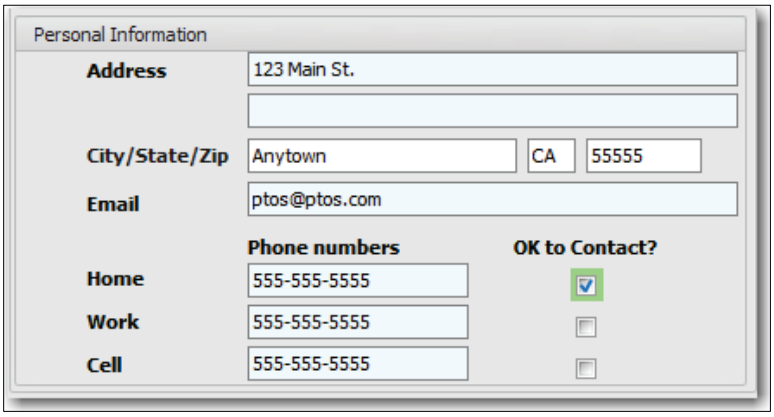
- Patient ID (**NOTE:** based upon Config Parameters, this field may have a default entry)
- Primary Facility
- Name
- Nickname/Gender
- DOB/SSN #
- Privacy Notification Date
- Privacy Notification Expiration Date
- Scheduling Pref.

Emergency Information



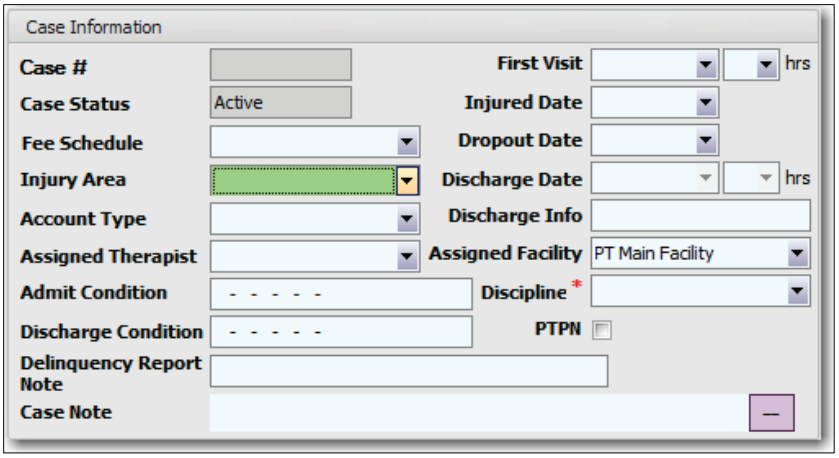
In the **Emergency Information** section, enter the **Contact Name**, **Relationship** and **Phone** number for the patient's emergency contact.

Personal Information



In the **Personal Information** section, enter the patient's address, email and contact number information. Select the **OK to Contact** checkboxes corresponding to the patient's desired phone number.

Case Information



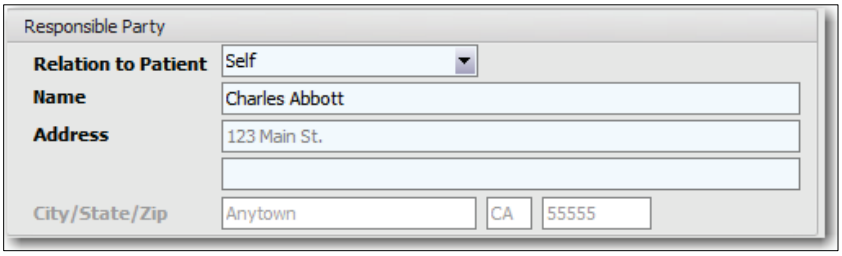
In the **Case Information** section, enter the following information:

- First Visit Date and Hour
- Fee Schedule
- Injury Area

- Injured Date
- Account Type
- Dropout Date
- Assigned Therapist
- Discharge Date and Hour
- Assigned Facility
- Discharge Info
- Admit Condition
- Discharge Condition
- Discipline
- Delinquency Report Note
- Case Note

Select the **PTPN** checkbox if the patient is a PTPN member.

Responsible Party



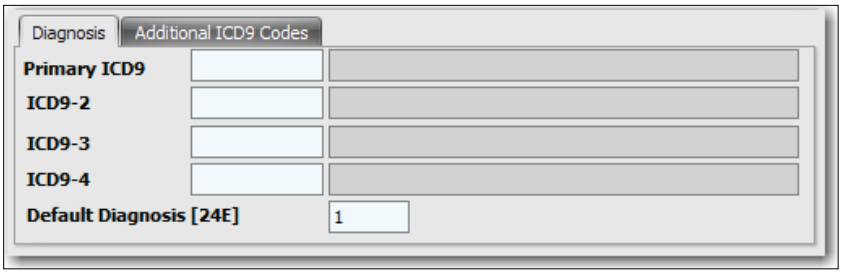
Relation to Patient – Use the drop-down menu to select the relationship information.

Name – Enter the name of the Responsible Party.

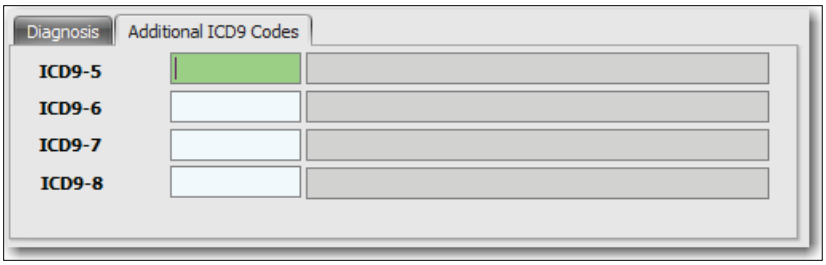
Address – Enter the address of the Responsible Party.

City/State/Zip – Enter the city, state and zip code for the Responsible Party.

Diagnosis/Additional ICD9 Codes



In the **Diagnosis** section, enter the **Primary ICD9** and any subsequent codes. Enter the **Default Diagnosis** number.

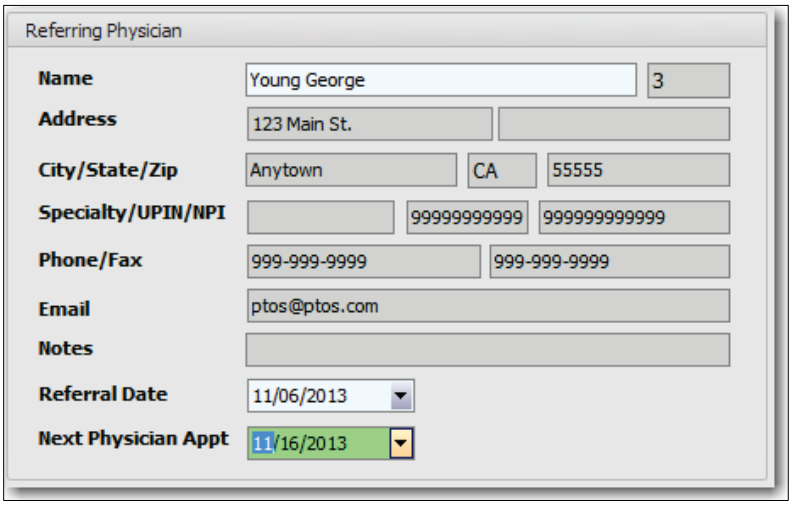


Under the **Additional ICD9 Codes**, enter any additional ICD9 codes.

Referral/Employer Tab

Enter any necessary referral or patient employer information in this tab.

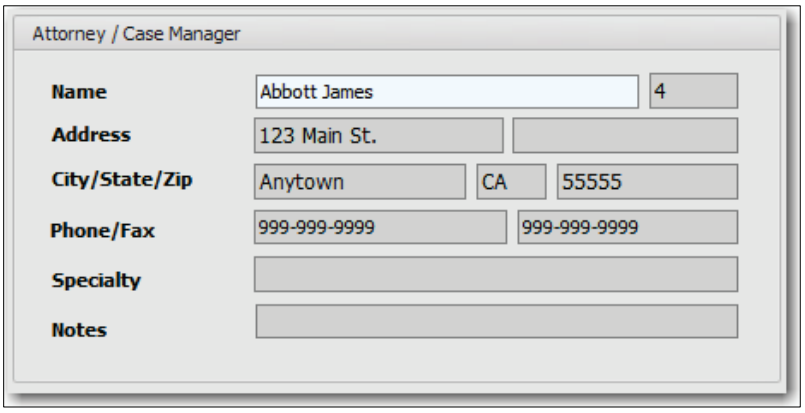
Referring Physician



Use the **Search** area to locate an existing **Physician**.

Enter the name of the referring physician. Review the **Address**, **Specialty/UPIN/NPI** code, **phone/fax** and **email** information. Enter any **Notes** that apply. Use the drop-down menu to select the **Referral Date** and **Next Physician** Appointment.

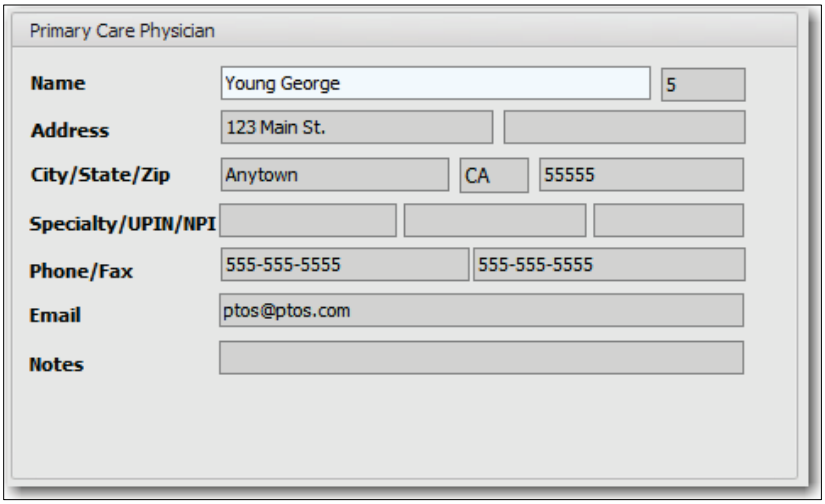
Attorney/Case Manager



Use the **Search** area to locate an existing **Attorney/Case Manager**.

Enter the Name of the **Attorney/Case Manager**. Review the information, **Address**, **Phone/Fax** and **Specialty** pertaining to this case. Enter any applicable **Notes**.

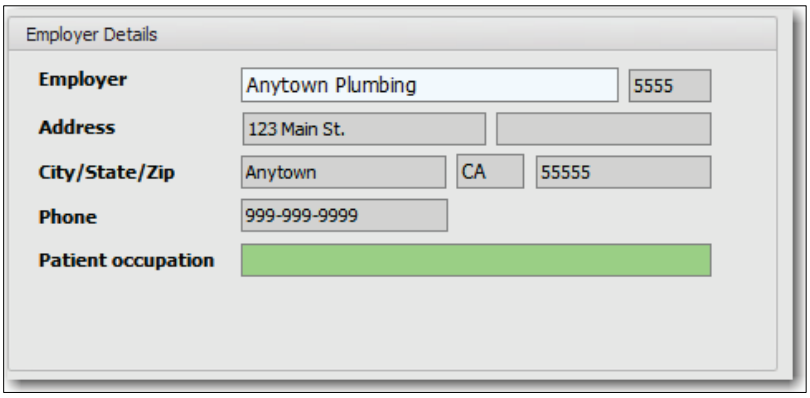
Primary Care Physician



Use the **Search** area to locate an existing **Primary Care Physician**.

Enter the **Name**. Review the following information: **Address**, **Specialty/UPIN/NPI code**, **Phone/Fax** and **Email** information. Make any **Notes** necessary.

Employer Details

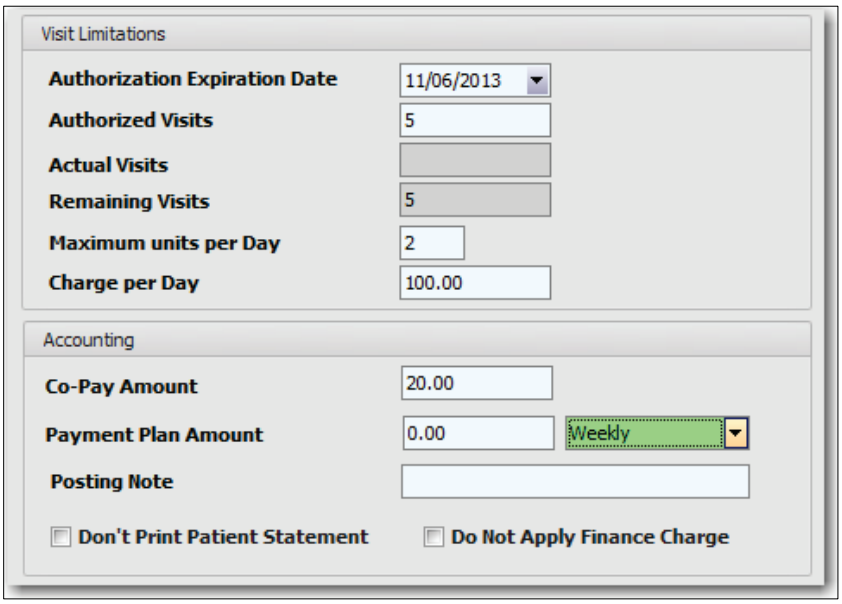


Use the **Search** area to locate an existing **Employer Details**.

Review the **Employer ID** and **Name**, **Address** and **Phone.** Enter the **Patient occupation** information.

Bill Tab

In the **Bill Tab**, enter billing information pertaining to the patient.



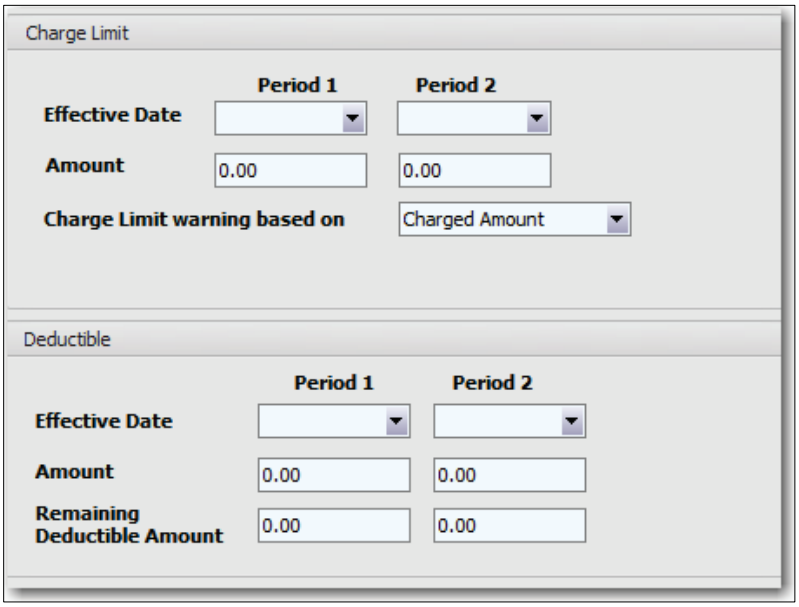
In the first section, enter the following information:

- Authorization Expiration Date
- Authorized Visits – the number of visits recorded
- Remaining Visits – the number of visits allowed minus the authorized visits.
- Maximum units per Day
- Charges per Day
- Co-Pay Amount

- Payment Plan Amount and Frequency
- Posting Note

Select the **Don't Print Patient Statement** checkbox to withhold printing of statements for this case.

Select the **Do Not Apply Finance Charge** checkbox to withhold finance charges.

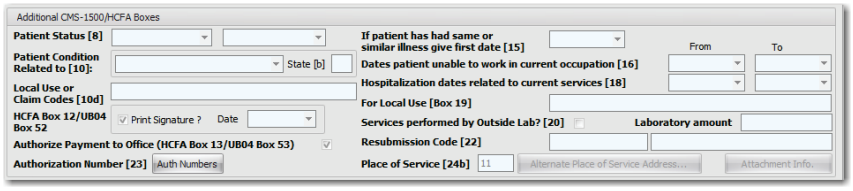


In the **Charge Limit** section, enter the **Effective Date** and **Amount** for **Period 1** and **Period 2**. Use the drop-down to select a date for **Charge Limit warning based on**.

Under **Deductible**, select the **Period 1** and **Period 2 Effective Dates**. Enter the **Amount** and **Remaining Deductible Amount** for the available periods.

HCFA/UB04

In the **HCFA/UB04** tab, enter insurance information for the selected patient.


Additional CMS-1500/HCFA Boxes
Patient Status [8]
Patient Condition Related to [10]:
State [b]
Local Use or Claim Codes [10d]
HCFA Box 12/UB04 Box 52
Print Signature ?
Date
Authorize Payment to Office (HCFA Box 13/UB04 Box 53)
Authorization Number [23]
Auth Numbers
If patient has had same or similar illness give first date [15]
From
To
Dates patient unable to work in current occupation [16]
Hospitalization dates related to current services [18]
For Local Use [Box 19]
Services performed by Outside Lab? [20]
Laboratory amount
Resubmission Code [22]
Place of Service [24b]
11
Alternate Place of Service Address...
Attachment Info.

In the **Additional CMS-1500/HCFA Boxes** section, enter the **Patient Status, Patient Condition, State, and Reserved for Local Use.** For use in **Box 12** enter the **Date** and check the **Print Signature checkbox.** To receive **HCFA** payments, select the checkbox **Authorize Payment to Office.**

When sending claims, the PWK section is included with applicable claims. In the Additional CMS-1500/HCFA Boxes section, select the **Claims Attach. Info** button.

HCFA Box 32A - Enter an Alternate Place of Service (POS)

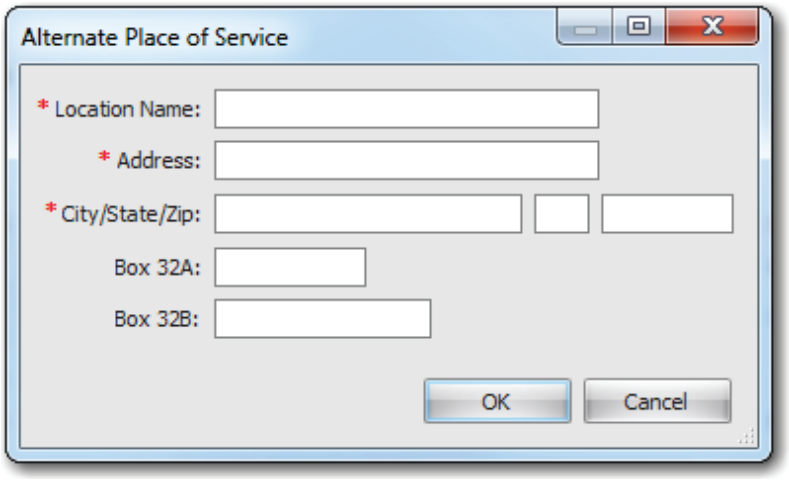
Enter an alternate address for Box 32 on the HCFA form. This area allows for entry of place of service name, address, and Box 32A/32B identifiers.

To enter an alternate POS go to **Patient Editor | HCFA-UB04** tab. In the top section for Additional CMS-1500/HCFA Boxes, there is a new button next to Place of Service [24b] - 'Alternate Place of Service Address'.

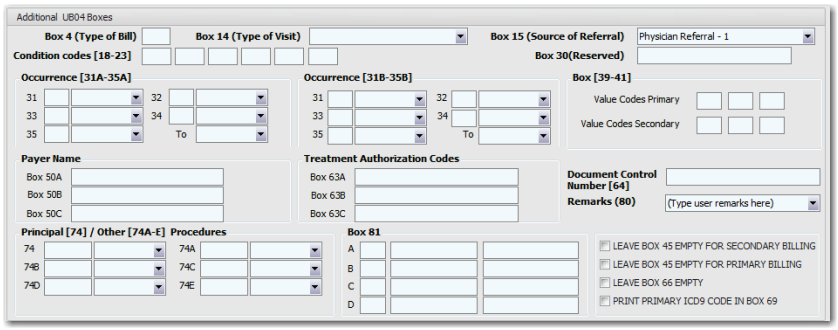
If the default POS of 11 is used, the information in box 32 will print as it currently does using the treating facility information, found under **System Tasks** | **Supervisor** | **Facility**.

If any other POS code is used (Ex: 12 = Home; 13 = Assisted Living; 14 = Group Home; 21 = Inpatient Hospital) the new button Alternate Place of Service Address will be enabled. Location, Address and identifiers can be entered for services performed outside of the office.

Complete the information for the Alternate Place of Service (POS) and click OK.



Additional UB04 Boxes



In the **Additional UB04** boxes section, enter any necessary insurance and condition codes for use by the Insurance.

The following information will assist you in properly filling out insurance forms for **HCFA** and **UB04** standards.

HCFA

1) **Box 8** – Specify the patient's marital and employment status.
2) **Box 10** – Specify what the patient condition is related to.
3) **Box 10, Box 10b** – Is used to specify the state where the auto accident took place (dependent upon Auto Accident being selected in Box 10)
4) **Box 10d** – Used as a remarks field if insurance carrier requests specific information that is not specified elsewhere on the HCFA claim form.
5) **Box 12** – Indicates whether the patient has given consent to authorize the release of medical or other information necessary to process the claim. If the date field is left empty, then the patient's first visit date should be used on the claim form.
6) **Box 13** – Indicates whether the patient has given authorization for the insurance payment to be received by the office. This authorization works in conjunction with the account type setting to 'Accept Assignment'.
7) **Box 15** – Indicates if the patient has had the same or similar illness; specify the date. (UB05 form only)
8) **Box 16** – Indicates the dates that the patient is/was unable to work in his or her current occupation.
9) **Box 18** – Enter the admission and discharged date for any hospitalization related to the current services. If the patient is still in the hospital, leave the "To" section blank.
10) **Box 19** – Use as a remarks field if an insurance carrier requests specific information that is not specified elsewhere on the HCFA claim form. (UB05 form only)

11) **Box 20** – Use to indicate whether this claim includes charges for lab work performed by a licensed laboratory. A field to specify the amount of the lab work is also available.

12) **Box 22** – Medicaid resubmission claims only. Enter the resubmission code in this box.

13) **Box 23** – Used to specify the prior authorization number/s and associated date range/s.

14) **Box 24b** – Used to indicate the place of service, such as:

    a. 03-School
    b. 11-Office
    c. 12-Home
    d. 13-Assisted Living Facility
    e. 14-Group Home
    f. 15-Mobile Unit
    g. 20-Urgent Care Facility
    h. 21-Inpatient Hospital
    i. 22-Outpatient Hospital
    j. 99-Other Place of Service

UB04

1) **Box 4** (Type of Bill) – Enter the code to identify the type of billing being submitted. The default codes are 0741-0744, which designate treatment at an 'Outpatient Rehabilitation Facility'. The exact code is determined by whether this is the original billing run or a re-bill, and whether primary or secondary insurance. Enter any value in this box to overwrite the PTOS default.

2) **Box 14** (Type of Visit) – Used to enter the code indicating the priority of this patient admission, such as:

    a. 1- Emergency
    b. 2- Urgent
    c. 3- Elective
    d. 4- Newborn
    e. 5- Trauma
    f. 9- Information not available. By default, PTOS should leave this field blank. Using this option will leave box 14 blank.

3) **Box 15 (Source of Referral)** – Used to choose the appropriate referral source of this patient admission such as:

a. 1-Physician Referral – By
b. 2-Clinic Referral
c. 3-HMO Referral
d. 4-Transfer from Hospital
e. 5-Transfer from Skilled Nursing Facility
f. 6-Transfer from Another Health Care Facility
g. 7-Emergency Room
h. 8-Court/Law Enforcement
i. 9-Information Not Available.

4) **Box 18-23 (Condition codes)** – Used to enter up to 6 condition codes (3 characters each) for the patient. These codes identify conditions that may affect the processing of the claim.

5) **Box 30 (Reserved)** – Used as a remarks field if an insurance carrier requests specific information that is not specified elsewhere on the claim form.

6) **Box 31A-35A (Occurrence)** – Used to enter the 2 digit code and corresponding date that identifies conditions that apply to this billing period. Box 35 has space for the From and To dates.

7) **Box 31B-35B (Occurrence)** – Used to enter the 2 digit code and corresponding date that identifies conditions that apply to this billing period. Box 35 has space for both a From and To date.

8) **Box 39-41** – Used to indicate the value codes and amounts for primary and secondary insurance. PTOS leaves this box blank by default.

9) **Box 45** – Leave Box 45 Empty **(primary)** contains the date of service and PTOS populates it by default. If this option is checked, it will be left empty when billing primary.

10) **Box 45** – Leave Box 45 Empty **(secondary)** contains the date of service and PTOS populates it by default. If this option is checked, it will be left empty when billing secondary.

11) **Box 50A-C (Payer Name)** – Default the name of the primary insurance in 50A, secondary in 50B, and tertiary in 50C. Entering any values here will overwrite these defaults. Some providers may have their own custom requirements for this box.

12) **Box 63 (Treatment Authorization Codes)** – Used to enter up to 3 assigned authorization numbers, if applicable.

13) **Box 64** – Used to enter the document control number for a claim.

14) **Box 66** – Leave Box 66 empty. We recommend that you leave this box empty. Used to indicate the diagnosis version qualifier. The default value printed by PTOS is 9 to indicate ICD9 codes. Several payers do not want the 9 to print in this box, so checking this option will clear box 66.

15) **Box 69 (Print Primary ICD9)** – Used to denote the diagnosis that describes the patient's condition or reason for admission/outpatient registration. By default, this will be left blank. If checked, the patient's primary diagnosis code will print.

16) **Box 74 (Principal)** – Used to enter the principal diagnosis code and date. It is required on inpatient claims when a procedure was performed.

17) **Box 74A-E (Other Procedures)** – Used to enter any additional diagnosis codes and dates.

18) **Box 76 (Qualifier)** – Used for the referring Dr.'s name, NPI number and a second identifier. If second identifier is provided, it may need to be accompanied by a 2 character qualifier code in the "qual" field of box 76. Default for this field is empty. Generally accepted qualifiers are:

    a. 0B (state license #)

    b. 1G (UPIN #)

    c. G2 (Commercial #)

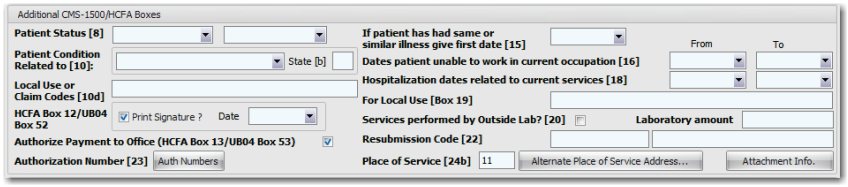
19) **Box 80** – Use this area for Remarks for Unusual Services.

20) **Box 81 A-D** – Free form area that allows the user to enter additional taxonomy numbers and qualifiers for boxes 81A-D on the UB04 form. By default, this will be left blank.

Attachment Information

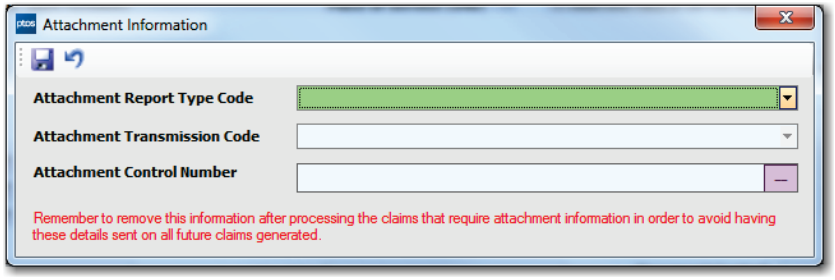
Attachment Information

Drop-down lists of attachments that relate to claims can be located in the **Patient Editor** | **HCFA tab**. Locate the button in the top section - Additional CMS-1500/HCFA Boxes - 'Claims Attach Info'.


Additional CMS-1500/HCFA Boxes
Patient Status [8]
Patient Condition Related to [10]:
State [b]
Local Use or Claim Codes [10d]
HCFA Box 12/UB04 Box 52
Print Signature ?
Date
Authorize Payment to Office (HCFA Box 13/UB04 Box 53)
Authorization Number [23]
Auth Numbers
If patient has had same or similar illness give first date [15]
From
To
Dates patient unable to work in current occupation [16]
Hospitalization dates related to current services [18]
For Local Use [Box 19]
Services performed by Outside Lab? [20]
Laboratory amount
Resubmission Code [22]
Place of Service [24b]
11
Alternate Place of Service Address...
Attachment Info.

Attachment Report Type Code

Remove these settings after sending the requested attachment to avoid resending the attachment information on subsequent claims.


Attachment Information
Attachment Report Type Code
Attachment Transmission Code
Attachment Control Number
Remember to remove this information after processing the claims that require attachment information in order to avoid having these details sent on all future claims generated.

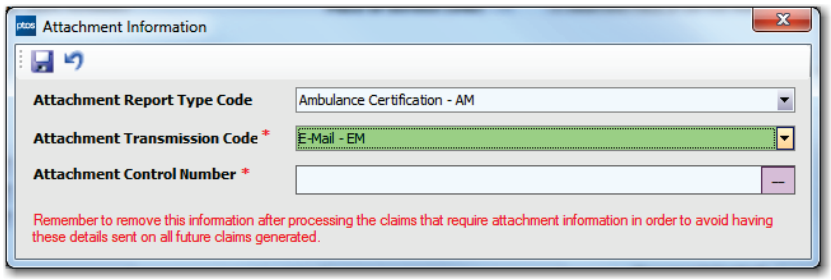
In the **Attachment Report Type Code** drop-down list, the following possibilities are available to describe the type of attachment:

- Admission Summary – AS
- Allergies/Sensitivities Document – A3
- Ambulance Certification – AM
- Autopsy Report – A4
- Baseline – BS
- Benchmark Testing Results – BR
- Blanket Test Results – BT
- Certification – CT
- Certified Test Report – 13
- Chemical Analysis – 11
- Chiropractic Justification – CB
- Consent Form(s) – CK
- Continued Treatment – 10
- Death Notification – V5
- Dental Models – DA
- Diagnostic Report – DG
- Discharge Monitoring Report – DJ
- Discharge Summary – DS
- Drug Profile Document – D2
- Drugs Administered – 04
- Durable Medical Equipment Prescription – DB
- Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer) – EB
- Functional Goals – 07
- Health Certificate – HC

- Health Clinic Records – HR
- Immunization Record – I5
- Initial Assessment – 06
- Justification for Admission – 15
- Laboratory Results – LA
- Medical Record Attachment – M1
- Models – MT
- Nursing Notes – NM
- Objective Physical Examination (including vital signs) Document – OE
- Operative Notes – OB
- Orders and Treatments Document – OD
- Oxygen Content Averaging Report – OC
- Oxygen Therapy Certification – OX
- Paramedical Results – PQ
- Parenteral or Enteral Certification – PE
- Pathology Report – P4
- Patient Medical History Document – P5
- Photographs – XP
- Physical Therapy Notes – PN
- Physical Therapy Certification – PZ
- Physician Order – B3
- Physician's Report – PY
- Plan of Treatment – 08
- Prescription – B2
- Progress Report – 09
- Prosthetics or Orthotic Certification – PO
- Radiology Films – RB
- Radiology Reports – RR
- Recovery Plan – 21
- Referral Form – B4
- Renewable Oxygen Content Averaging Report – RX
- Report Justifying Treatment Beyond Utilization Guidelines – 03

- Report of Tests and Analysis Report – RT
- State School Immunization Records - IR
- Support Data for Claim – OZ
- Symptoms Document – SG
- Treatment Diagnosis – 05

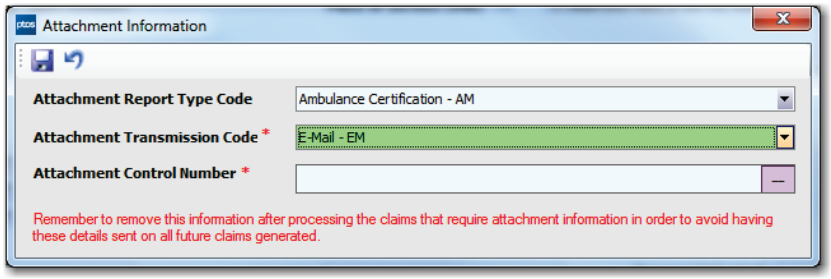
Attachment Transmission Code


Attachment Information
Attachment Report Type Code
Ambulance Certification - AM
Attachment Transmission Code *
E-Mail - EM
Attachment Control Number *
Remember to remove this information after processing the claims that require attachment information in order to avoid having these details sent on all future claims generated.

In the **Attachments Transmission Code** section, use the drop-down list to select the desired delivery method for sending the requested documentation to the payer. These options include:

- Available on Request at Provider Site – AA
- By Fax – FX
- By Mail – BM
- By eMail – EM
- Electronically – EL
- File Transfer – FT

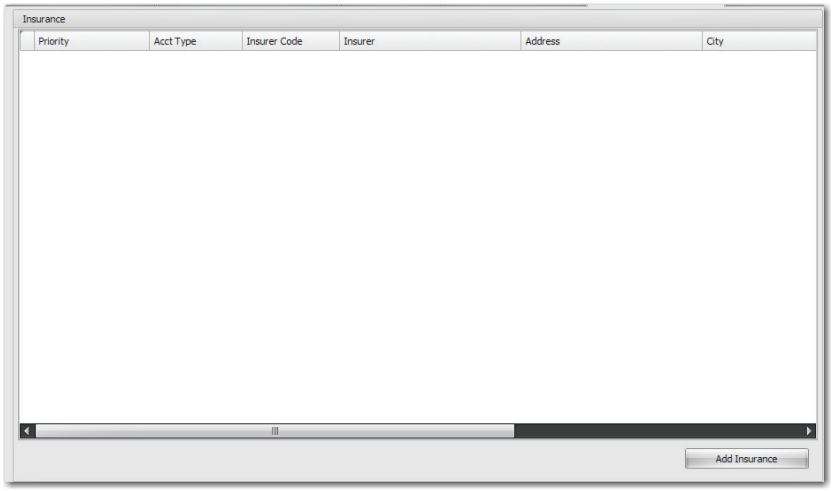
Attachment Control Number


Attachment Information
Attachment Report Type Code
Ambulance Certification - AM
Attachment Transmission Code *
E-Mail - EM
Attachment Control Number *
Remember to remove this information after processing the claims that require attachment information in order to avoid having these details sent on all future claims generated.

In the **Attachment Control Number** section, enter the **Document Control Number** (DCN) provided by the **Payer**. This number identifies the claim and the attachment for the payer. An **Attachment Control Number** is not required when using the **Available on Request at Provider Site** option in the **Attachment Transmission Code** section.

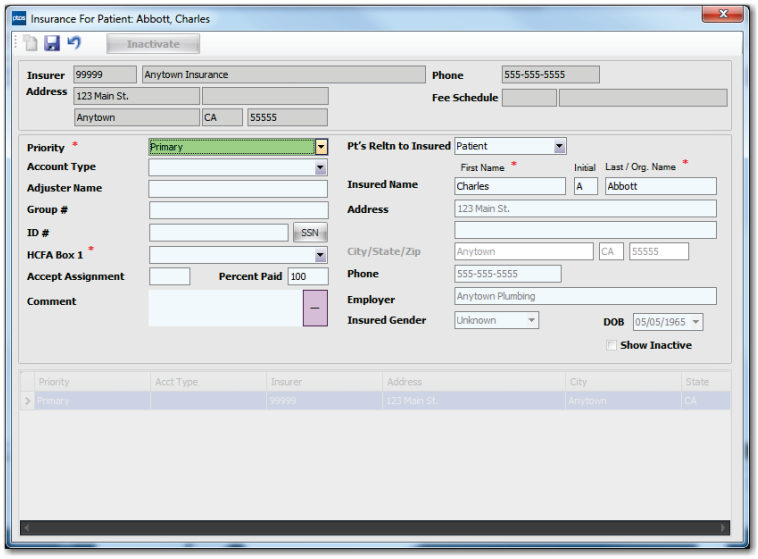
Insurance Tab

To access patient insurance information, select **Patient Editor** | **Insurance tab**. This screen displays all insurance for this case, active or inactive. Select the **Add Insurance** button to add an **Insurance Company** to a selected patient.



Multiple insurance companies can be added for a patient.

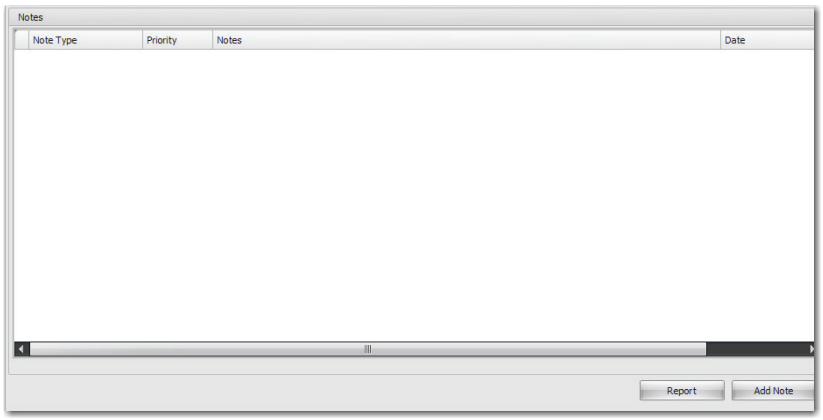
Enter the Primary insurance first and then follow in descending order for any additional insurance carriers.



In the **Insurance** tab, view Insurance information for a selected patient. Use the **Add**, **Edit** and **Delete** icons to alter information. Insurance companies can be deactivated and reactivated using the Reactivate button.

Notes Tab

In the **Notes** tab, enter any notations for your personal office use.



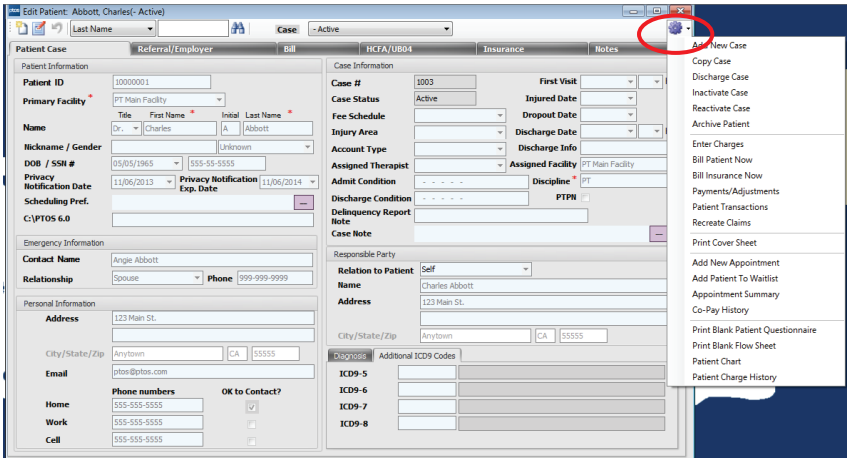
Select the **Add Note** button to create a new note. Select the **Delete** button to delete an existing note.

Select the **Save** icon to save this new patient information.

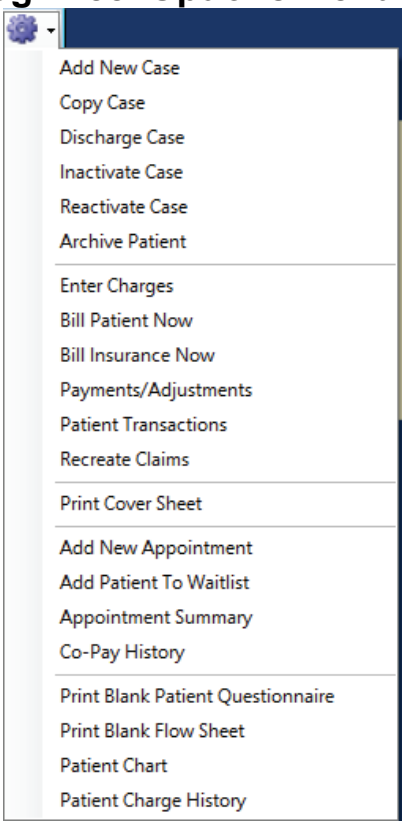
Double-click on an existing note to edit. Select the **Report** button to create a report of all notes for a particular case.

Cogwheel

The Cogwheel provides a gateway to additional patient information. Once inside Patient Editor click on the purple cogwheel icon in the upper right of the screen to access.



Cogwheel Options Menu



Use the **Cogwheel Options** menu to:

Add New Case – Select this option to create a new case for the selected patient.

Copy Case – Select this option to copy the current case information into a new case.

Discharge Case – Select this option to designate a case as discharged that will populate the discharge date.

Inactivate Case – Select this option to designate a zero balance case as inactive.

Reactivate Case – Select this option to restore an inactive or discharged case to active status.

Archive Patient – Select this option to mark a patient as ready for archiving.

Enter Charges – Select this option to enter new charges for the selected case.

Bill Patient Now – Select this option to open the Patient Billing window for the selected case.

Bill Insurance Now – Select this option to open the Insurance Billing window for the selected case.

Payments/Adjustments – Select this option to open the Payment/Adjustments window for the selected case.

Patient Transactions – Select this option to open the Patient Transactions window for the selected case.

Recreate Claims – Select this option to recreate a claim.

Print Cover Sheet – Select this option to print a cover sheet for the selected case.

Add New Appointment – Select this option to open the New Appointment window for the selected case.

Add Patient to Waitlist – Select this option to include the selected patient to the Waitlist.

Appointment Summary – Select this option to print a summary report of appointments for the selected patient.

Co-Pay History – Select this option to print a summary of past co-payments.

Print Blank Patient Questionnaire – Select this option to print a blank patient registration questionnaire.

Print Blank Flow Sheet – Select this option to print a blank flow sheet.

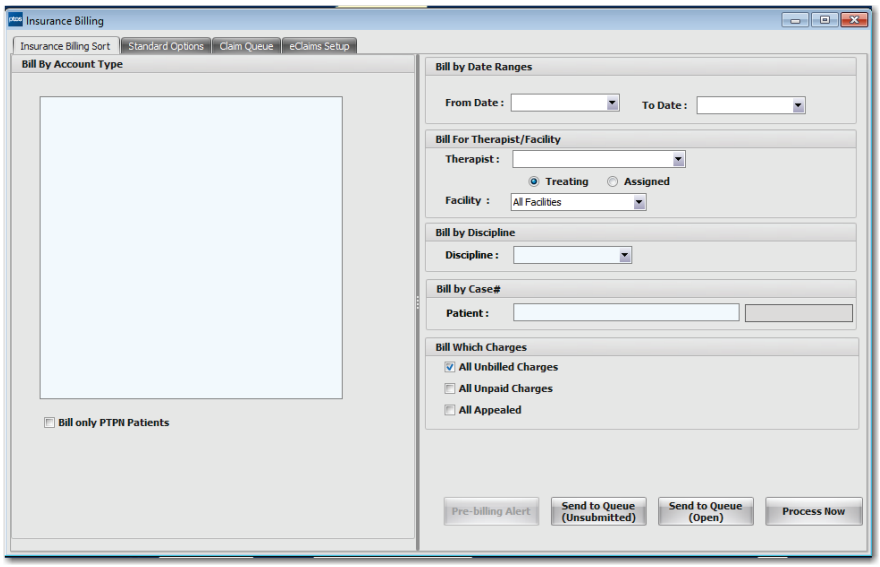
Patient Chart – Select this option to open the Chart for the selected case.

Patient Charge History – Select this option to print a summary of past charges for the selected case. (Displays up to 12 past charges)

eClaims Setup

To setup your **eClaims** information, go **to Billing** | **Insurance Billing** | **eClaims Setup**.

Reports can be manually purged from the **Claims Queue.**



Under **Clearinghouse Settings**, select the **eClaims Provider** and select the ellipsis button to enter the **eServices User** and **Password** information**.** Select the **Browse** button to locate a different path for **Other Clearinghouse Image Files**. Enter the **Image File Name**.

Under **Default Reports to be Printed**, select the checkbox associated with the report that you would like to print every time claims are processed. The available reports include:

Acknowledgement of Receipt	Amended File Detail (RPT04A)
997	Batch & Claim Rejection (RPT05)
File Status (RPT02)	Amended Batch & Claim Rejection (RPT05A)
File Summary (RPT03)	Provider Claim Status (RPT10)
File Detail (RPT04)	Special Handling/Unprocessed claims (RPT11)

Under **Reports Settings**, enter a **Purge Reports after** number to designate a number of days to keep reports prior to purging.

Select the **Save** button to save information. Select **Close** to exist the screen.

To assign Payer ID information automatically, use the **Auto Assign Payer ID**.

Update Lists Information

To begin entering and updating system codes, select **System Tasks** | **Update Lists**. From this menu, select the specific code list that you wish to update.

Insurance Companies

Select **System Tasks** | **Update Lists** | **Insurance Companies**. Select an existing Insurance company from the search menu to edit or select **Add** to create a new insurance company. To search for a company, select the search icon.

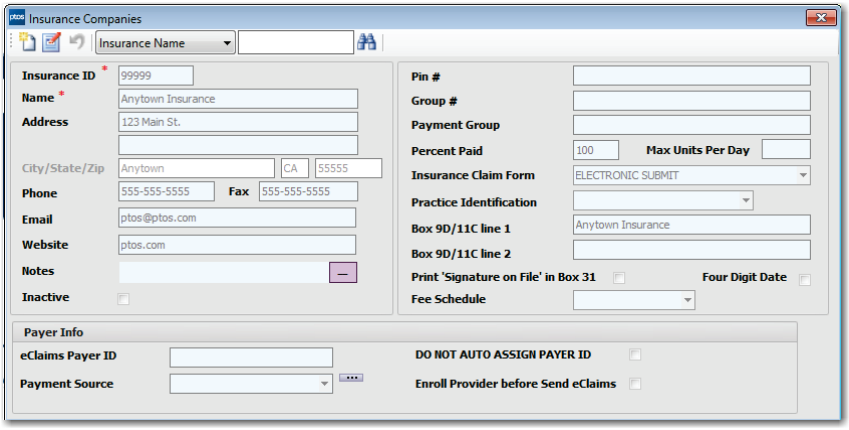
Keyboard Shortcuts

F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

F5 – Use this key to **search** an existing list.

% – Use this key in a search field to open the entire list of options.



The asterisk denotes fields that are required.

Insurance ID – Enter the 6 character alphanumeric Insurance ID

Name – Enter the name of the Insurance Company

Address – Enter the Address of the Insurance Company

City/State/Zip – Enter the City, State and Zip code for the Insurance Company.

Phone – Enter the phone number for the Insurance Company.

Fax – Enter the fax number for the Insurance Company.

Pin# – Enter the **PIN** for the Insurance Company.

Group# – Enter the Group number for members of an Insurance group.

Payment Group – Enter the name of the Payment Group if applicable.

Percent Paid – Enter the percentage to be paid.

Practice Identification – Enter the Practice Identification information. This number corresponds with the Facility setup ID number.

Box 9D/lic line 1 – Information entered here will appear in box 9D and 11C of the HCFA insurance form.

Box 9D/lic line 2 – Information entered here will appear in box 9D and 11C of the HCFA insurance form

Print 'Signature on File' in Box 31 – Select this box to print the phrase "Signature on File' in Box 31 of the HCFA claim form, as required by some insurance payers.

Fee Schedule – Enter the Fee Schedule to be associated with this Insurance Company.

Four Digit Date – Select this checkbox to use the four digit year date.

Insurance Claim Form – Select the desired default claim form to be associated to this insurance company.

Max Units per Day – Enter the maximum number of units per day for the Insurance Company.

Email ID – Enter the email address for the Insurance Company.

WebSite – Enter the website associated with the Insurance Company.

Notes – Enter any notes applicable.

Inactive – select the Inactive checkbox to remove active status.

Payer Info

EClaims Payer ID – Enter the eClaims payer id if applicable.

Payment Source – Enter the Payment Source for Payer. Use the ellipses button to launch the Electronic Payer Matching screen. From here, you can match names and sources manually.

DO NOT AUTO ASSIGN PAYER ID – When selected, this option allows for payer IDs to be assigned automatically.

Enroll Provider Before Send eClaims – This option alerts you that the Provider has not yet been enrolled in eClaims.

Referrals

Select **System Tasks** | **Update Lists** | **Referrals.** Use the **Search** field to locate the desired referral. Select an existing code to edit or select Add to create a new referral code.

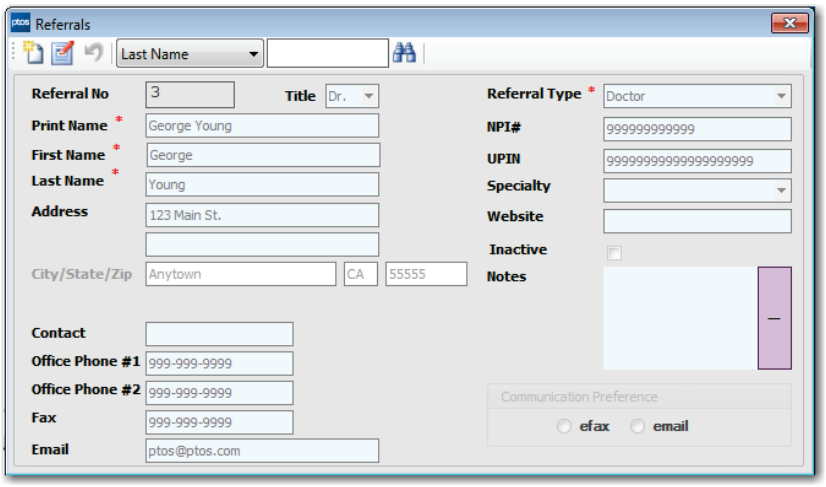
Keyboard Shortcuts

F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

F5 – Use this key to **search** an existing list.

% – Use this key in a search field to open the entire list of options.



For assistance with adding or removing **Referral Types**, please contact the PTOS Support team at 800.824.4305.

Referral sources can be doctors, attorneys, case managers or nurse practitioners. Referral number is a one-to-five character code that is assigned by the PTOS system.

Title – Select the preferred salutation.

Print Name – This is the referral source's name as required in **Box 17** on the **HCFA** and **Box 76** on **UB04** forms. This also prints on the Referral report to identify the referral source.

First Name – Enter the first name of the referral.

Last Name – Enter the last name of the referral.

Address – Enter the address of the referral office

City/State – Enter the city and state of the referral office

Zip – Enter the zip code of the referral office.

Contact – Enter the main contact person's name.

Office Phone #1 – Enter the main phone number for the referral office.

Office Phone #2 – Enter the secondary phone number for the referral office.

Fax – Enter the fax number associated with the referral office.

Email – Enter the email associated with the referral office.

Referral Type – Select the referral type from the drop-down menu.

NPI (National Provider Identification) – This number is obtained from the physician's office and prints in **Box 17B** on the HCFA and **Box 76** on the **UB04** forms.

UPIN (Universal Provider Identification Number) – This number is assigned by Medicare Services and may or may not be required to print on the claim forms. This six-digit alphanumeric code prints in **Box 17A** on the **HCFA** and in **Box 76** on the **UB04** forms.

Specialty – Enter a specialty for report tracking purposes.

WebSite – Enter the website information associated with the referral office.

Inactive – Select this checkbox to designate this referral source as Inactive. Note: referrals cannot be deleted, only inactivated.

Notes – This area is used for additional reference information. This field will not print anywhere.

Communication Preference – Select efax or email as the preferred mode of communication with the current Referral.

Update Account Type Codes

Select **System Tasks** | **Update Lists** | **Account Type**. Select an existing code to edit or select **Add** to create a new Account Type code.

The purpose for **Account Type Codes** is to allow your office to bill different insurance criteria required by your carriers on the **HCFA** or **UB04** forms and/or for grouping your carriers for statistical reports.

Account Type Code/ Name – Enter a two-to-five alphanumeric character **Account Type** code. Enter the name of the account type as you would like it to display on PTOS reports.

Place of Service (POS) – This field appears in **Box 24B** on the **HCFA** form. This is a required field.

Co-Pay Amount – Enter the amount of the co-pay attached to this Account Type.

Charge per day – Enter the maximum charge per day amount.

Ins Cap Amount – Enter the limit for those insurance carriers who have specific limits or CAP. This field can be tracked in the transaction screen and will warn you when the patient has reached their CAP.

Accept Assignment – Use the drop-down menu to accept the assignment.

Posting Note – Enter an account note that will display in the patient's transaction screen.

Patient Statement Notes – Enter a note that will display on the patient's statement.

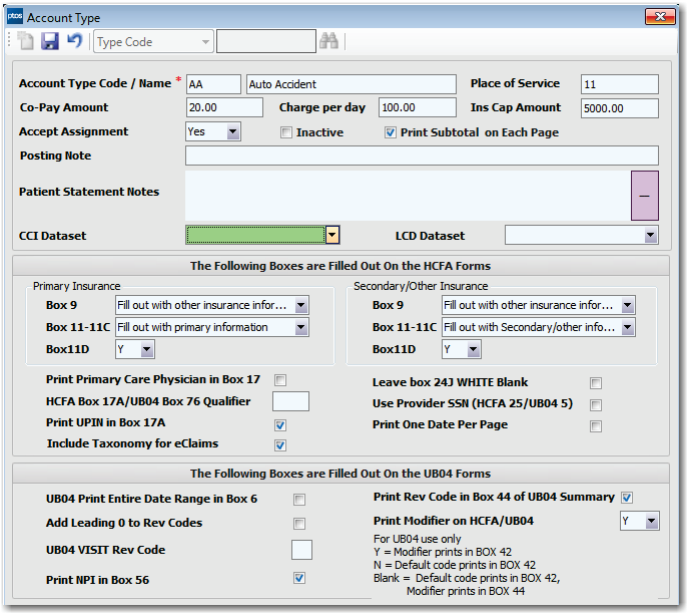
CCI Dataset – Select the checkbox to use CCI dataset.

LCD Dataset – Select the checkbox to use LCD dataset.

The Following Boxes Are Filled Out On The HCFA Form – These fields are for additional criteria insurance carriers may

require for additional information. Your office will be responsible for knowing the insurance carrier's requirements.

The user can print primary insurance information in boxes 11A-C on secondary claims and box 9 has the option to be left blank.



Primary Insurance:

Box 9 – Select the drop-down menu to use Fill out with other insurance information or leave blank.

Box 11 – 11C – Select the drop-down menu to use Fill out with primary information, Print 'None' in box, or leave blank.

Box 11D – Select Y for yes or N for no.

Secondary Insurance:

Box 9 – Select the drop-down menu to use Fill out with other insurance information or leave blank.

Box 11 – 11C – Select the drop-down menu to use Fill out with Secondary/other information, Fill out with primary information, Print 'None' in box, or leave blank.

Box 11D – Select Y for yes or N for no.

Select the following checkboxes if desired:

Print Primary Care Physician in Box 17

HCFA Box 17A/UB04 Box 76 Qualifier – Enter a qualifier number for insurance carriers.

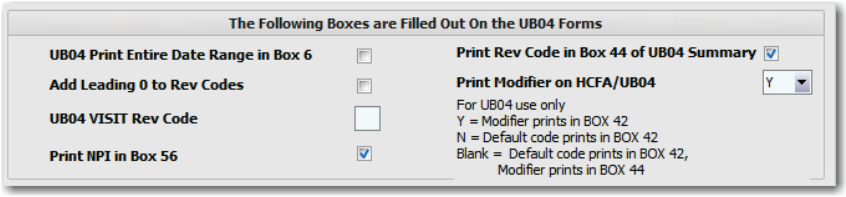
Print UPIN in Box 17A – Use this option to print or not print **UPIN**

Leave Box 24J White Blank

Use Provider SSN (HCFA 25/UB04 5)

Print One Date Per Page

The Following Boxes Are Filled Out On The UB04 Form – These fields are for additional criteria insurance carriers may require for additional information. Your office will be responsible for knowing the insurance carrier's requirements.


The Following Boxes are Filled Out On the UB04 Forms
UB04 Print Entire Date Range in Box 6
Add Leading 0 to Rev Codes
UB04 VISIT Rev Code
Print NPI in Box 56
Print Rev Code in Box 44 of UB04 Summary
Print Modifier on HCFA/UB04
Y
For UB04 use only
Y = Modifier prints in BOX 42
N = Default code prints in BOX 42
Blank = Default code prints in BOX 42, Modifier prints in BOX 44

Select from the following checkboxes if desired:

UB04 Print Entire Date Range in Box 6

Add Leading 0 to Rev Codes

UB04 VISIT Rev Code – Enter the UB04 Visit revenue code.

Print NPI in Box 56

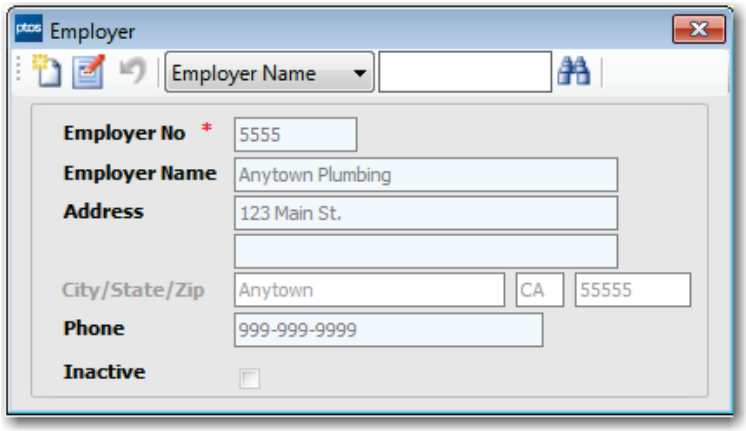
Print Rev Code in Box 44 of UB04 Summary

Print Modifier on HCFA/UB04 – Use the drop-down list to select Y, N or leave Blank.

Employers

Under **System Tasks** | **Update Lists** | **Employers**, create and/or edit **Employer** information. To search, enter **%** and select the search icon.

The Employer number can be up to seven characters alphanumeric.



To enter a new **Employer**, select the **Add** icon or select **F2**. Enter the **Employer No**, **Employer Name**, **Address**, **City**/**State**/**Zip** and **Phone**. Select the **Save** icon to save.

Select the **Inactive** checkbox to render this Employer inactive. Employers cannot be deleted.

Zip Codes

Under **System Tasks** | **Update Lists** | **Zip Codes**, create and/or edit the city, state and zip information. To search, enter % and select the search icon.

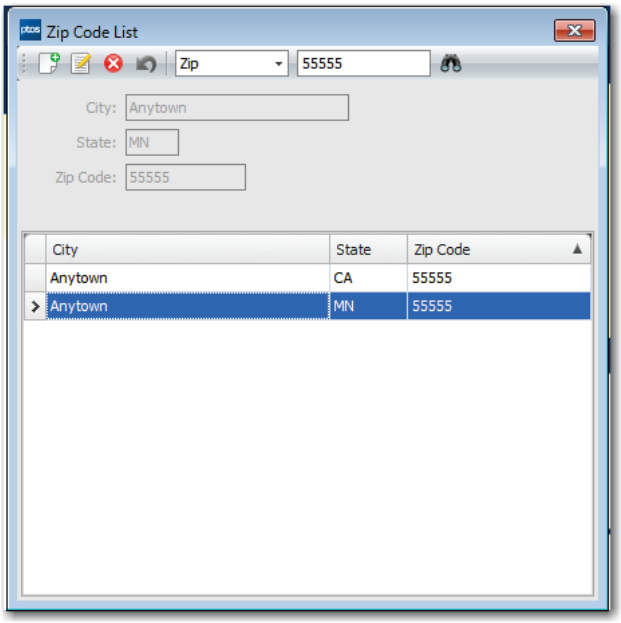
Keyboard Shortcuts

F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

F5 – Use this key to **search** an existing list.

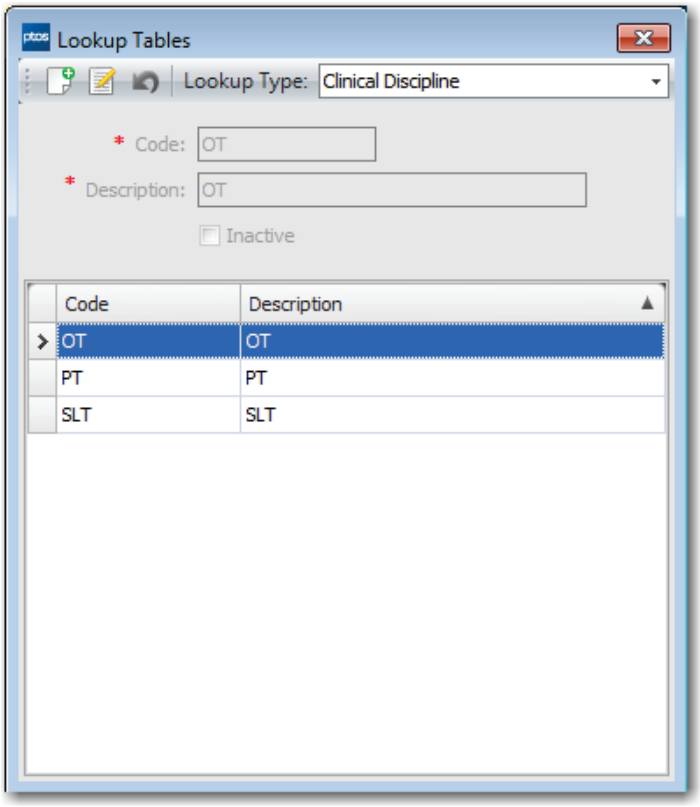
% – Use this key in a search field to open the entire list of options.



To enter a new zip code, select the **Add** icon or select **F2**. Enter the **City**, **State** and **Zip**. Select the **Save** icon to save. To delete a zip code, select the desired entry and select the **Delete** icon. Zip Codes are preloaded with versions 4.5 and 6.0. (See eClaims 5010 Zip Code Requirement).

Lookup Table

The **Lookup Table** is located under **System Tasks** | **Update Lists** | **Lookup Tables.** It is a database of all abbreviations used in **PTOS**. Select the **Add** icon to add an additional code. Select the **Edit** icon to edit an existing code. Select the **Inactive** checkbox to inactivate an existing code.



The **Lookup Table** contains all of the abbreviation codes and their descriptions for the following areas:

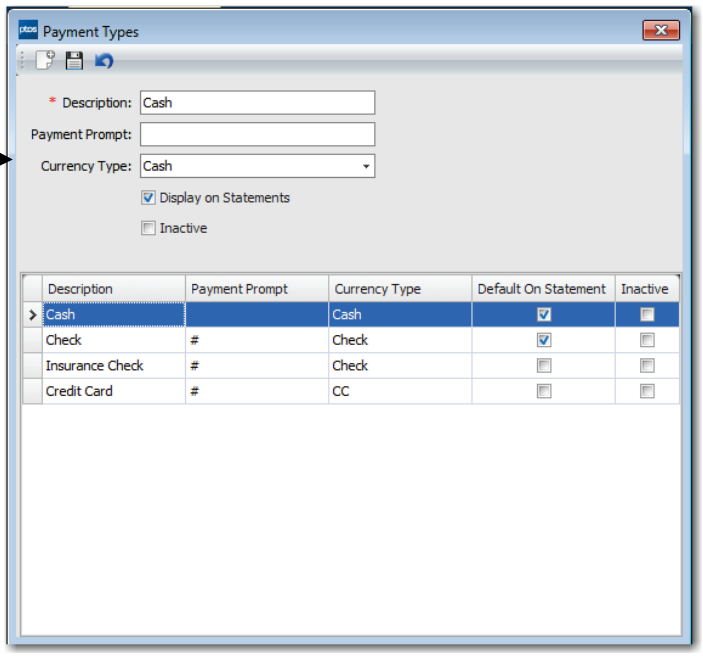
- Clinical Discipline
- Injury Area
- Note Type
- Referral Specialty
- Revenue Code
- Scheduling Resource Group
- Scheduling Therapist Group
- Signature Qualifier

Use the **Inactive** checkbox to render the selection unavailable. **Lookup** options cannot be deleted.

Payment Types

To add, delete or edit **Payment Types**, go to **System Tasks** | **Update Lists** | **Payment Types**.

Payment Prompt numbers refer to check numbers or credit card numbers.



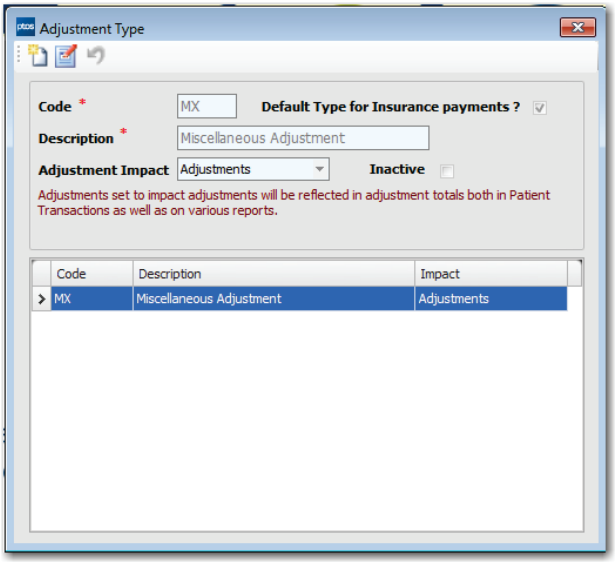
Select the **Add** icon or **F2** to add a new **Payment Type**. Select the **Edit** icon to edit an existing **Payment Type**. Select the **Delete** icon to delete an existing **Payment Type**.

To enter a new **Payment Type**, enter a **Description**, **Payment Prompt** and select the **Currency Type**. Select the checkbox **Display on Statement** to include this information on the patient statement.

Select the **Inactive** checkbox to render the selected currency type inactive.

Adjustment Type

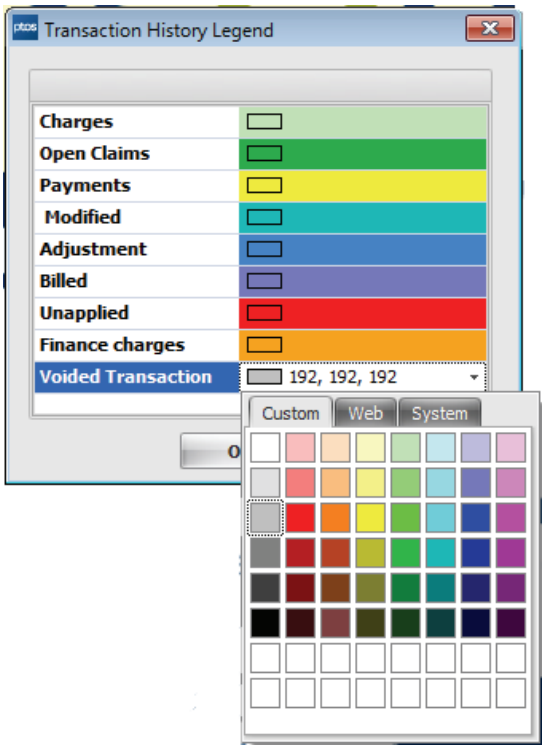
Select **System Tasks** | **Update Lists** | **Adjustment Types**



To enter a new **Adjustment** code, select the **Add** icon or select **F2**. Enter the **Code** and Description and select the **Adjustment Impact**. Select the checkbox **Default Type for Insurance payments** to automatically default the adjustment type when making an insurance payment. Select the **Inactive** checkbox to disable a selected adjustment.

Transaction History Legends

In **System Tasks** | **Update Lists**, select **Transaction History Legends** to view and assign color-coding for the transactions. To assign a color, select the color box associated with the transaction. Select a **Custom**, **Web** or **System** to access a broader spectrum of colors. Select **OK** to save changes.



Default colors by type:

- Blue = Charges
- Green = Open Claims
- Pink = Payments
- Light Blue = Adjustment
- Lavender = Billed
- Red = Unapplied
- Orange = Finance Charges
- Turquoise = Modified

- Gray = Voided Transaction

ICD9 Codes

Select **System Tasks** | **Update Lists** | **ICD9 Codes.** Use the Search field to locate the desired code or select the **Add** icon to enter a new code.

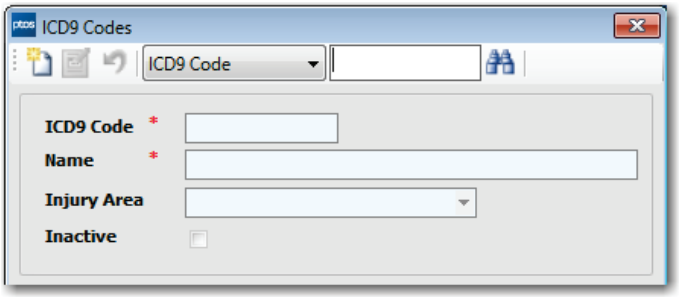
Keyboard Shortcuts

F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

F5 – Use this key to **search** an existing list.

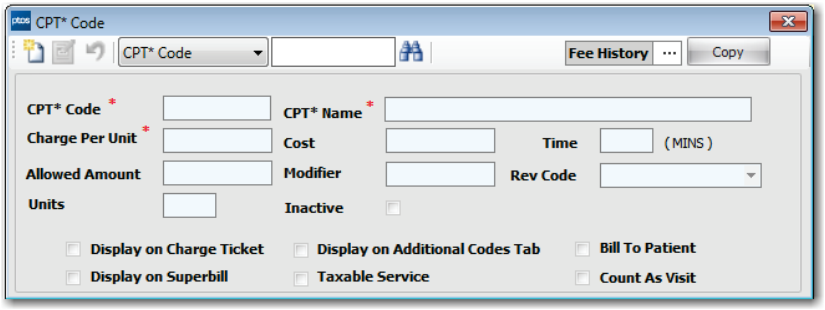
% – Use this key in a search field to open the entire list of options.



Enter the **ICD9 Code**, **Name** and **Injury Area**. Select the **Inactive** checkbox to disable the selected ICD9 code. ICD9 codes are pre-installed. **NOTE:** Asterisks denote required fields.

Update C.P.T. Codes

Select **System Tasks** | **Update Lists** | **C.P.T. Codes** and use the Search field to locate an existing code or select the **Add** icon to enter a new code. Selecting **F2** will also add a code.



Enter the required fields for **C.P.T. Code** (up to ten digits), **C.P.T. Name** and **Charge Per Unit**. Additional information fields are available for:

- Cost
- Time
- Allowed Amount
- Modifier
- Rev Code
- Units

To inactivate an existing code, select the **Inactive** checkbox.

Select the checkboxes to apply the following options:

- Display on Charge Ticket
- Display on Additional Code Tab
- Bill To Patient
- Display on Superbill
- Taxable Service
- Count As Visit
- Select the **Fee History…** button to view the history of changes to the selected C.P.T. code including the date changed and the **User ID** of the person who made the changes.
- Select the Copy button to copy the exact contents of another CPT that already exists.
    - Select the CPT*Code you wish to duplicate. Hit the Copy button to enter a unique CPT*Code for the duplicate CPT*Name, Charge Per Unit, etc. This provides a shortcut for offices selling supplies, etc. where they may want to have a similar description for a set of codes. (ex: 90111 Bandage; 90111-2 Bandage Small; 90111-3 Bandage Medium; 90111-4 Bandage Large, etc).

C.P.T. Group

A **C.P.T. Group** is a collection of C.P.T. Codes that are often used in conjunction. C.P.T. Groups are used to create 'cascading charges' or 'exploding codes'. To use C.P.T. Group codes, enter the codes in the order of highest to lowest fee amount.

Select **System Tasks** | **Update Lists** | **C.P.T. Groups** use the Search field to select an existing code to edit or select the **Add** icon to enter a new group.

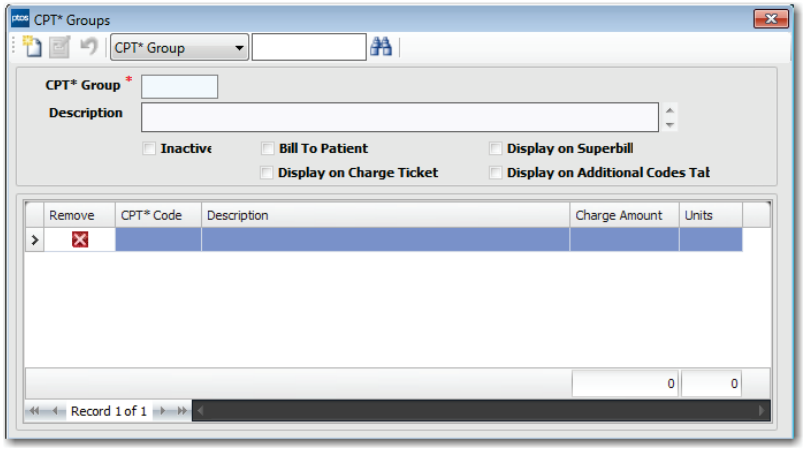
Keyboard Shortcuts

F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

F5 – Use this key to **search** an existing list.

% – Use this key in a search field to open the entire list of options.



Enter a **C.P.T. Group** name and **Description**. Select from the available checkbox options:

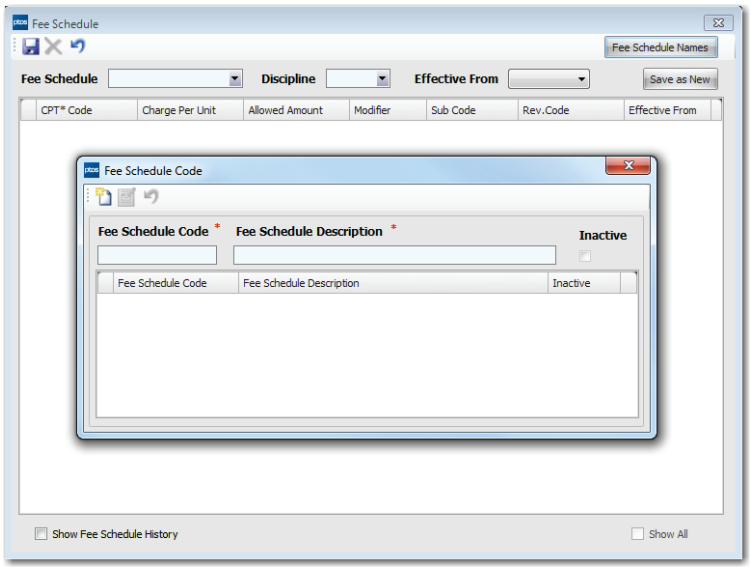
- Inactive
- Bill To Patient
- Display on Superbill
- Display on Charge Ticket
- Display on Additional Codes Tab

Select the 'x' in the remove column to subtract a code from an existing code group.

Fee Schedule

NOTE: Fee Schedules are optional.

Select **System Tasks** | **Update Lists** | **Fee Schedule**. Select the **Fee Schedule Names** button to create a new **Fee Schedule**.



Select the **Add** icon to create a new fee schedule. Enter the **Fee Schedule Code** and **Fee Schedule Description**. Select the **Save** icon. Select the x to close the window.

In the **Fee Schedule** window, use the **Fee Schedule** drop-down menu to select the desired **Fee Schedule**. Select the **Discipline**. Enter the amounts of the Insurance Reimbursement Contract Pay Schedule. Select **Save**.

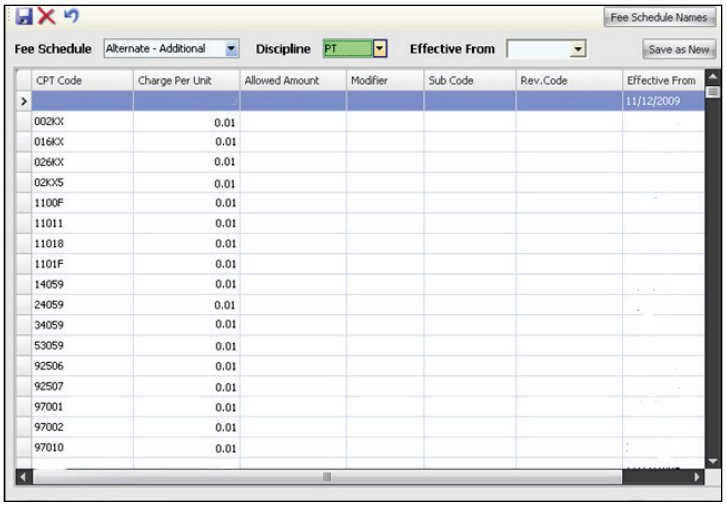
Keyboard Shortcuts

F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

F5 – Use this key to **search** an existing list.

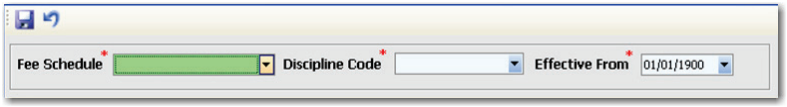
% – Use this key in a search field to open the entire list of options.



Save As New

Select the **Save as New** button to create a new **Fee Schedule** based upon an existing Fee Schedule. To use the Save as New feature:

1. Select the Fee Schedule Names button to name the new **Fee Schedule**.
2. Save the new **Fee Schedule Name**.
3. In the **Fee Schedule** window, select the existing **Fee Schedule** you wish to copy.
4. Select the **Save as New** button
5. Using the drop-down list, select the **Name**, **Discipline** and **Effective From** date.



6. Select Update icon.
7. Select **OK**.

Edit an Existing Fee Schedule

To edit an existing **Fee Schedule**, use the drop-down menu to select the desired **Fee Schedule**, **Discipline** and **Effective From** date. Once the **Fee Schedule** has been selected, make the necessary changes and save.

Show the Fee Schedule History

Select the Show Fee Schedule History checkbox to display the history of changes to a selected Fee Schedule.

NOTE: Each C.P.T. Code's information is displayed including effective dates.

Show All

Select the **Show All** checkbox to display all active C.P.T. Codes even if they are not currently attached to fee schedules.

Attaching Fee Schedules to Patients

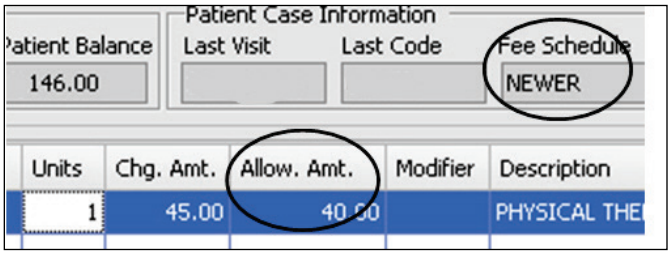
Attach the **Fee Schedule** to a patient in the **Patient Editor**. Select **Patient Editor** and enter the desired patient. Select **Edit**. Use the drop-down arrow to select the **Fee Schedule**.

The following is an example of the Fee Schedule in Patient Editor.

The Fee Schedule amount will display on the **Enter Charges** screen under **Allow**. **Amt**.

The following is an example of the Fee Schedule in the Enter Charges screen.

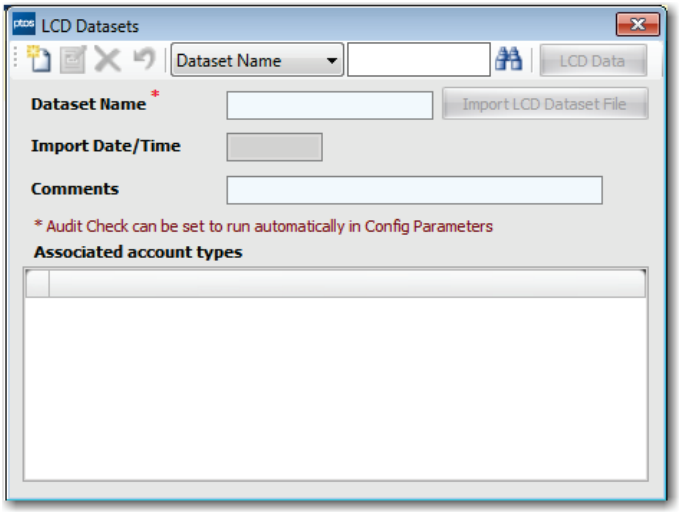
NOTE: The Fee Schedule attached to an Insurance Company overrides the Fee Schedule attached to the Patient Case.



Attaching Fee Schedules to Insurance Companies

Attach the **Fee Schedule** to an insurance company in the **Insurance Company** window. Select **System Tasks** | **Update Lists** | **Insurance Company**. Select the **Insurance Company** desired. Use the **Fee Schedule** drop-down list to select a **Fee Schedule** from the available options.

LCD Datasets



Keyboard Shortcuts

F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

F5 – Use this key to **search** an existing list.

% – Use this key in a search field to open the entire list of options.

Use your **Local Coverage Determinations (LCD) Datasets** to ensure that C.P.T. Codes and Diagnosis codes are payable by insurance when billed together. A warning will appear when the conflicts are present.

For more information on LCD data and CCI data, visit www.cms.gov/mcd.

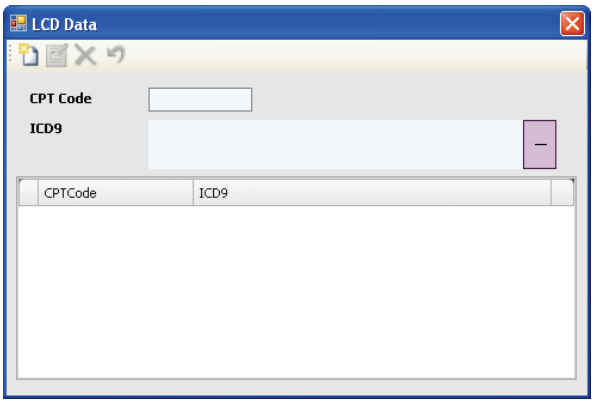
To setup your **LCD** datasets, go to **System Tasks** | **Update Lists** | **LCD Dataset**. In the **LCD** screen, select **Add** to setup a new list. Enter the **Name** of the dataset and any comments required. Select **Save**.

Using LCD data files

LCD data is frequently updated and made available to you by the Center for Medicare and Medicaid Services. Creating a file to use with PTOS is a manual process and will require you to create a spreadsheet using this information and keeping it updated.

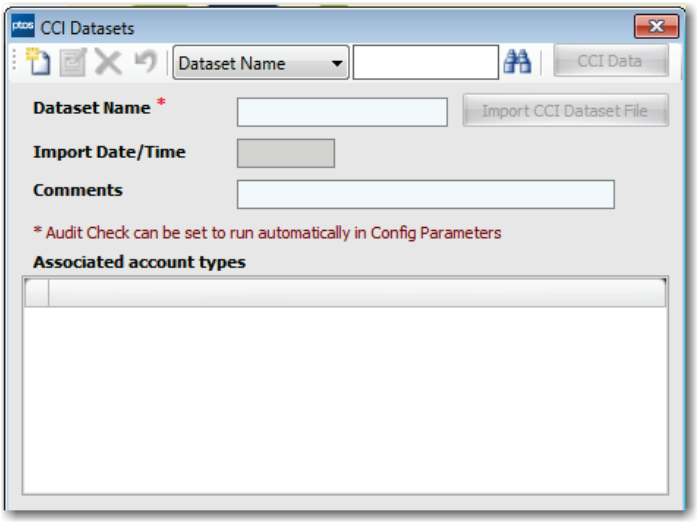
To add a **LCD** data file that you have created, select the **Import LCD Dataset File** button. Use the Browse window to locate your LCD data file. Locate the file and save.

Manually Enter LCD Data



To manually enter conflicting codes into the **LCD** dataset, select the L**CD Data** button. In the **LCD Data** window, select **Add** to enter the allowed **LCD** and **Diagnostic** codes. Select **Save** to save them.

CCI Datasets



CCI Datasets are set up to prevent you from using conflicting C.P.T. codes that should not be billed together. To setup your CCI datasets, go to **System Tasks** | **Update Lists** | **CCI Dataset**. In the CCI screen, select **Add** to setup a new list. Enter the **Name** of the dataset and any comments required. Select **Save**.

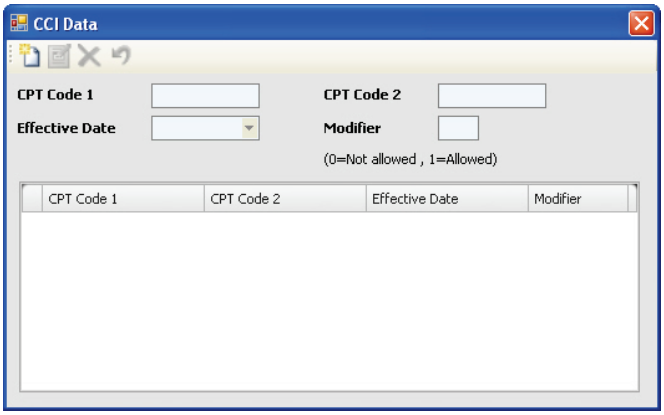
Import CCI Data

CCI data is made available to your office by the Centers for Medicare and Medicaid Services. A free excel file is available for download and can be imported into PTOS. The www.ntis.gov is a government approved website that also offers these edits for download.

To add a **CCI** data file, select the **Import CCI Dataset File** button. Use the **Browse** window to locate the CCI file that you have received from the www.cms.gov website. Locate the file and save.

Manually Enter CCI Data

The **Modifier** options are:
1 – Allowed
0 – Not Allowed for codes to be billed together.

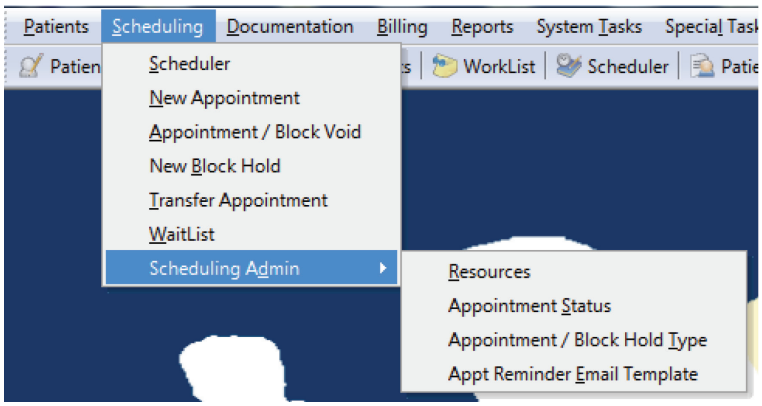


To add **CCI** codes individually, select the **CCI Data** button. In the **CCI Data** window, select **Add** to enter **C.P.T. Codes, C.P.T. Code 2, Effective Date** and **Modifier**. Select **Save**.

Scheduling

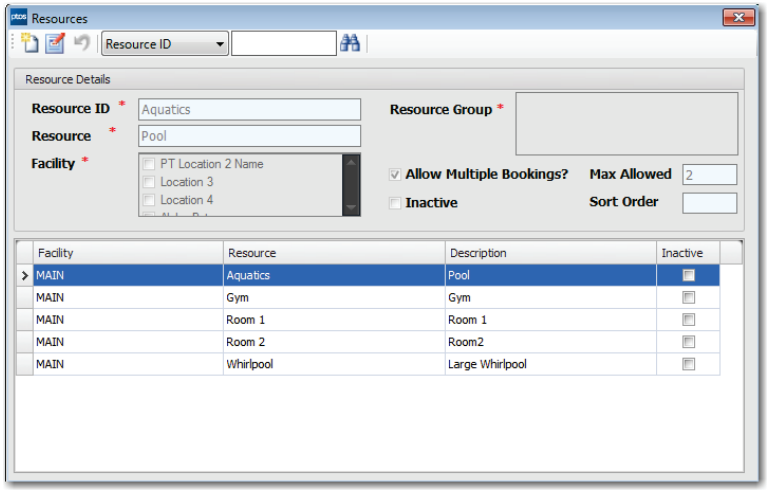
Scheduler Setup

The **Scheduling Admin** area allows you to customize the setup and appearance of the schedule.



Resources

In **Scheduling** | **Scheduling Admin** | **Resources** you can create additional pieces of equipment or rooms in which to schedule your patients. These items will appear on the schedule in addition to your facility's therapists.



Keyboard Shortcuts

F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

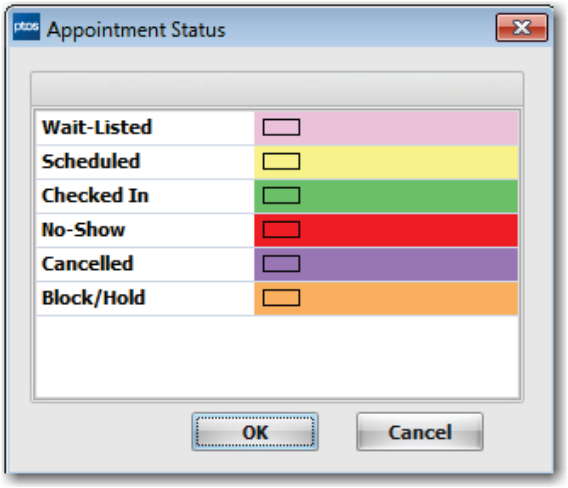
F5 – Use this key to **search** an existing list.

% – Use this key in a search field to open the entire list of options.

You can add to the list of available resources or you can edit the existing resources in the list. Another option available is the multiple bookings option. If the resource can be used by more than one patient at a time, the **Allow Multiple Bookings** option can be checked and then the **Max Allowed** area can be set. Enter the numerical value for the **Sort Order**. If it is a resource you are not going to use, the **Inactive** checkbox can be checked resulting in the resource being removed from the schedule.

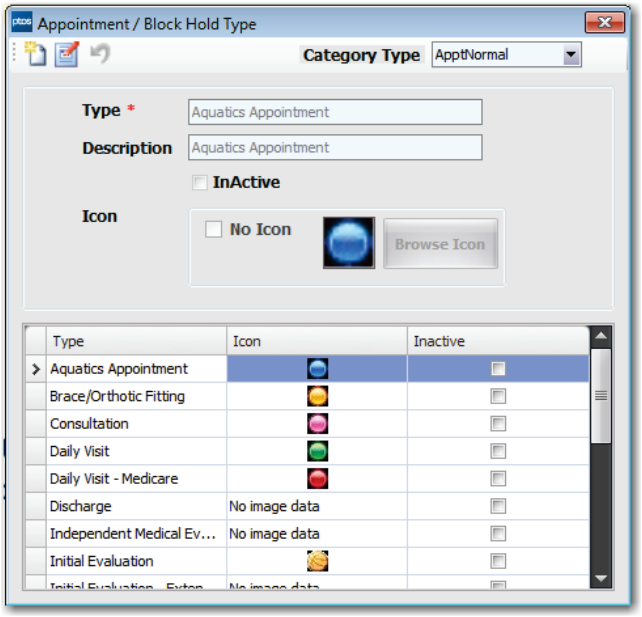
Appointment Status

In **Scheduling** | **Scheduling Admin** | **Appointment Status** you can customize the colors for various appointments and block hold statuses.

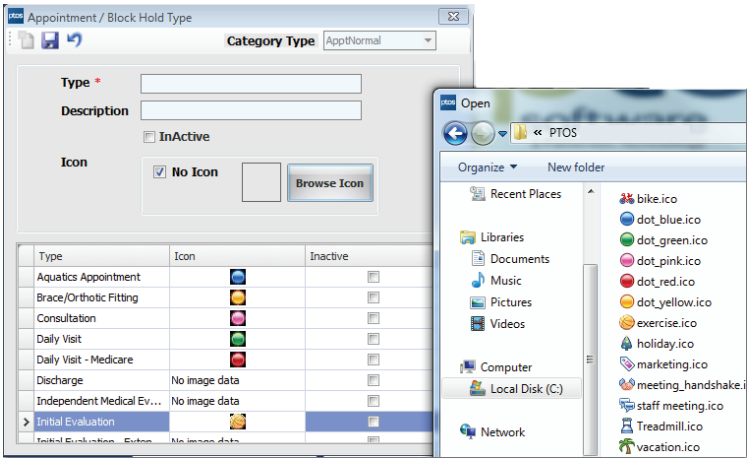


Appointment / Block Hold Type

In **Scheduling** | **Scheduling Admin** | **Appointment / Block Hold Type** you can create and customize the various types of appointment and block hold types for your facility.

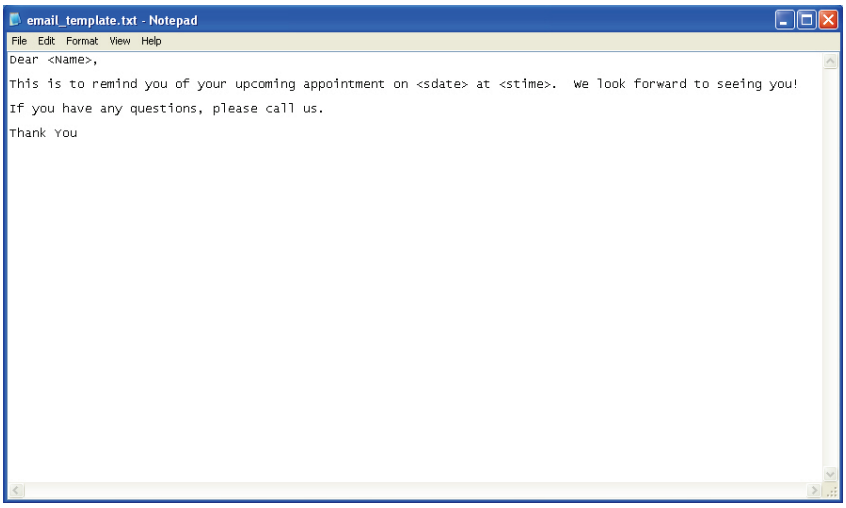


You can create new or edit the existing **Appointment** and **Block Hold Types**. The option to assign icons to these different types is also available. Select the **Browse** Icon button if you wish to see the icons that come installed. If you wish to use additional icons, the ability to import more icons is available. They must be the .ico format. If there are any types you will not be using, the option to inactivate is available.



Appointment Reminder Email Template

In **Scheduling** | **Scheduling Admin** | **Appointment Reminder Email Template** you can customize an email message that can be sent to your patients to remind them of upcoming appointments.


email_template.txt - Notepad
File Edit Format View Help
Dear <Name>,
This is to remind you of your upcoming appointment on <sdate> at <stime>. We look forward to seeing you!
If you have any questions, please call us.
Thank You

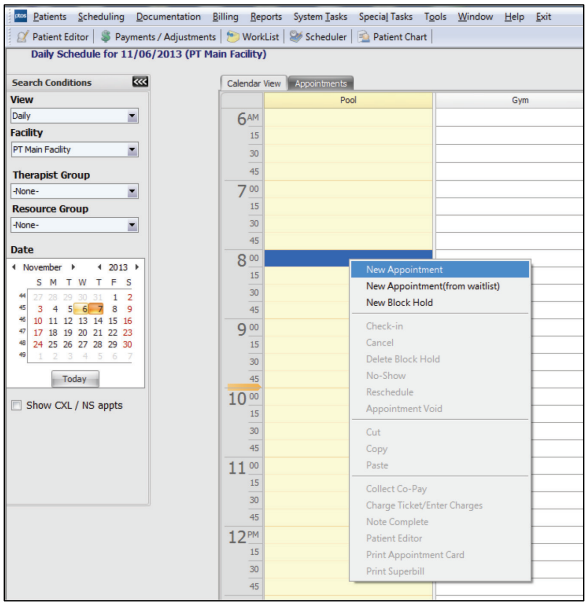
This template is completely customizable. This message can be edited to fit the needs of your facility. The only areas that should not be edited are the <Name>, <sdate> and <stime>. These are programming items that populate the patient's information into the message.

Scheduling an Appointment

Scheduling a Single Appointment

To schedule a single appointment, open the schedule and either double-click or right-click on the area in which you wish to schedule the appointment and select **New Appointment**.

You can also create an appointment using **Scheduling** | **New Appointment**.



The **New Appointment** screen will open. First you will need to select the **patient you wish to schedule. To do this in the**

Keyboard Shortcuts

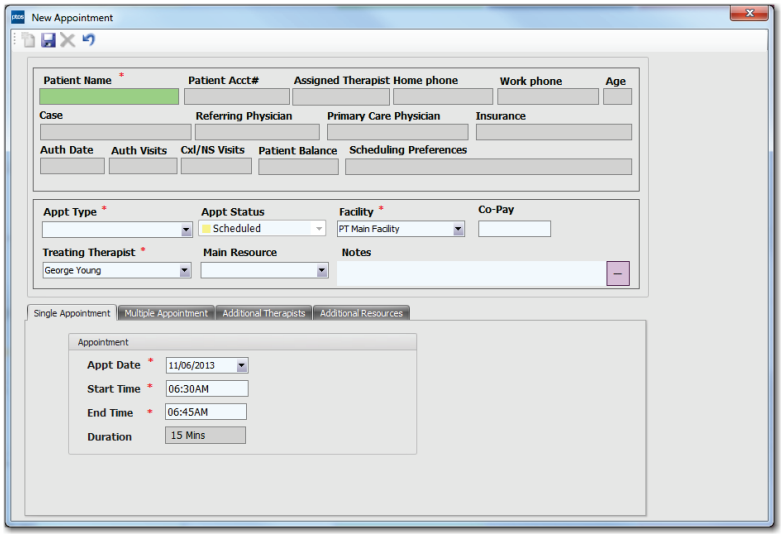
F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

F5 – Use this key to **search** an existing list.

% – Use this key in a search field to open the entire list of options.

Patient Name area you can type in the patient's last name, or you can enter % to open up a list of all of your patients. The **Appt Type** and **Treating Therapist** must be filled out in the top portion of this screen.

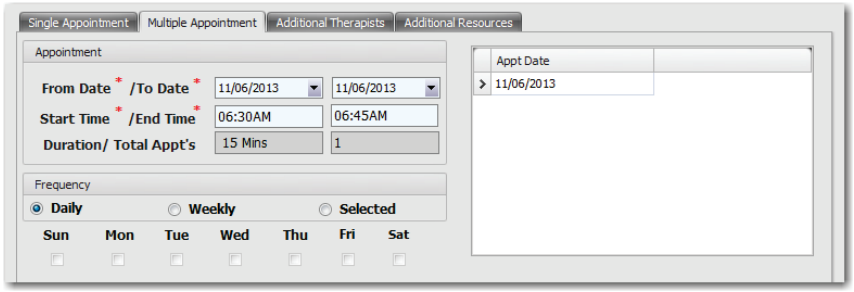


The bottom half of the screen allows you to set the **Appt Date**, **Start Time**, and **End Time**. The **Duration** will adjust depending on the **Start** and **End Time** of the appointment. Once all the information is entered, click on the **Save** icon in the upper left-hand corner to save the appointment and add it to the schedule.

Scheduling Multiple Appointments

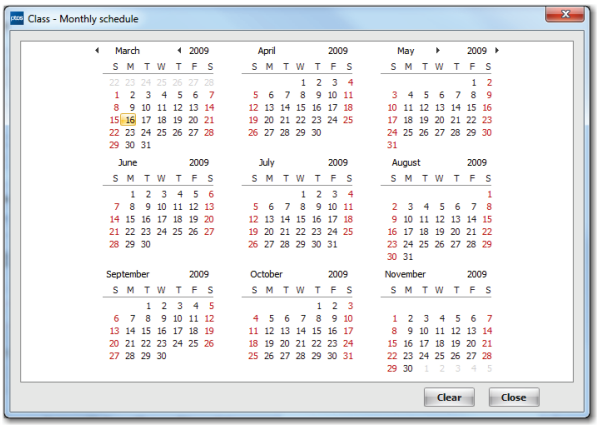
To schedule multiple appointments, open the schedule and either double-click or right-click on the area in which you wish to schedule the initial appointment and select **New Appointment**.

Repeat the steps above to fill out the top portion of this screen.



1. Select the **Multiple Appointments** tab, enter the **From Date/To Date** and **Start Time/End Time**. The Duration will adjust depending on the **Start** and **End Time** of the appointments.
2. In the **Frequency** area, there are three options:
    - **Daily** – If the patient's appointments are every day of the week, select **Daily**.

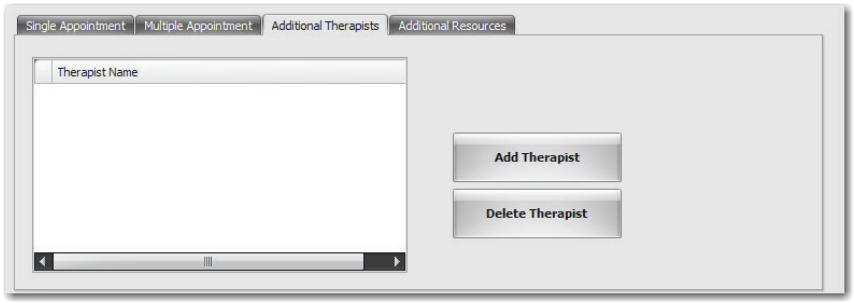
- **Weekly** – If the patient's appointments are on certain days of the week, select **Weekly** and then choose the appropriate days.
- **Selected** – If the patient's appointments are on random days, select and then click on the days the appointments need to be scheduled. The dates will populate on the right side of the screen.



3. Click the **Save** icon in the upper left-hand corner to save the appointments and add them to the schedule.

Additional Therapists

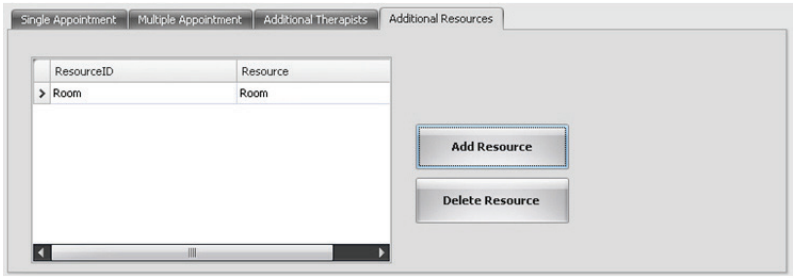
To schedule additional therapists to an appointment, select the **Additional Therapists** tab.



Select the **Add Therapist** button to schedule an additional therapist to this appointment. Select the **Delete Therapist** button to remove an added therapist from the existing appointment.

Additional Resources

To schedule additional resources to an appointment, select the **Additional Resources** tab.



Select the **Add Resources** button to schedule an additional resource to this appointment. Select the **Delete Resources** button to remove an added resource from the existing appointment.

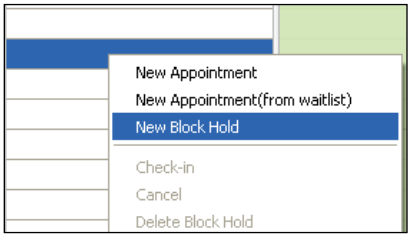
New Appointment (from Waitlist)

In the Schedule, use the right-click menu to schedule a new appointment from the Waitlist. The **Waitlist** appears. Select the checkbox associated with the desired appointment and select the **Add New Appointment** button.

Scheduling Blocks

Creating a Single Block

To create a single block, select **Scheduling** | **New Block Hold** or open the schedule and right-click on the area you wish to place the block and select new **Block Hold**.



The **New Block Hold** screen will open. The **Block Hold Type**, **Facility** and **Resource** areas must be filled in. You can also add a note to the block.

Keyboard Shortcuts

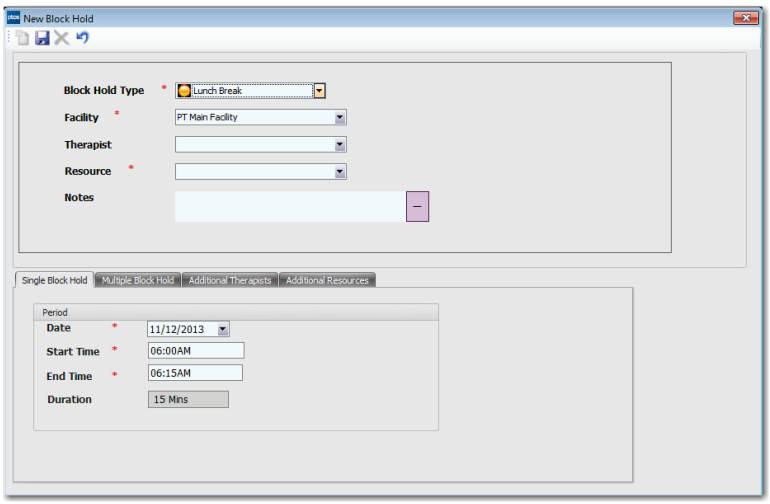
F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

F5 – Use this key to **search** an existing list.

% – Use this key in a search field to open the entire list of options.

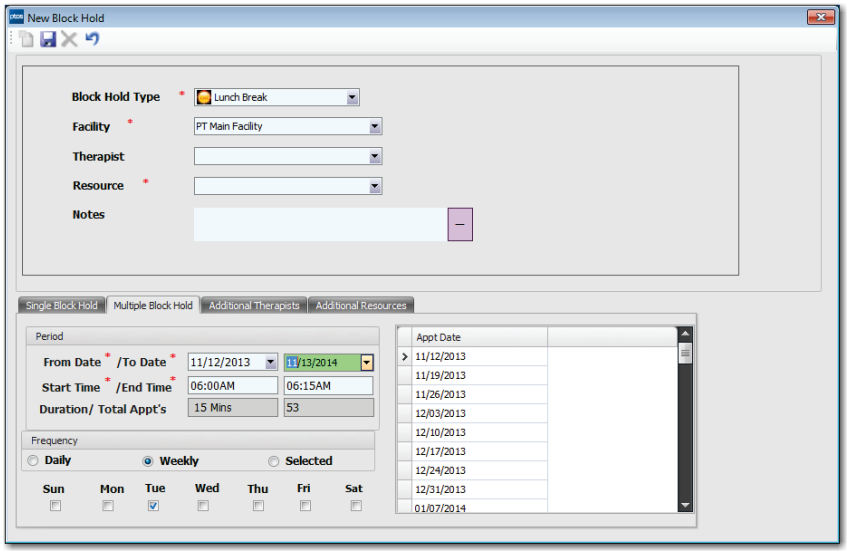
* – Field must be completed.



The bottom half of the screen allows you to set the **Date, Start Time** and **End Time**. The **Duration** will adjust depending on the **Start** and **End Time** of the block. Once all the information is entered, click on the Save icon in the upper left-hand corner to save the block and add it to the schedule.

Creating Multiple Blocks

To create multiple blocks, open the schedule and right-click on the area in which you wish to schedule the initial block. Repeat the steps above to fill out the top portion of this screen and select **New Block Hold**.



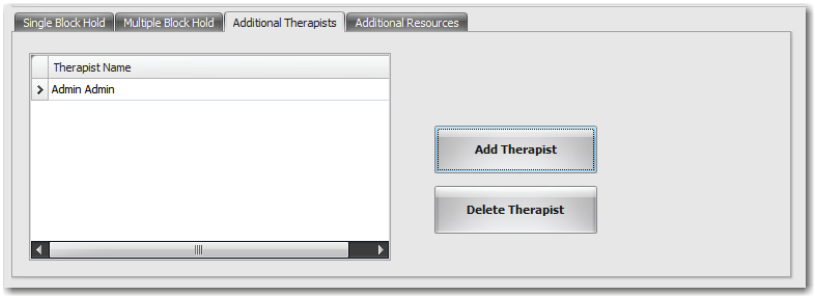
Select the **Multiple Block Holds** tab, enter the **From Date/To Date** and **Start Time/End Time**. The **Duration** will adjust depending on the **Start** and **End Time** of the block.

In the **Frequency** area, there are three options:

- **Daily** – If the **Blocks** are every day of the week, select **Daily**.
- **Weekly** – If the **Blocks** are on certain days of the week, select **Weekly** and then choose the appropriate days.
- **Selected** – If the **Blocks** are on random days, select and then click on the days the blocks need to be scheduled. The dates will populate on the right side of the screen.

Additional Therapists

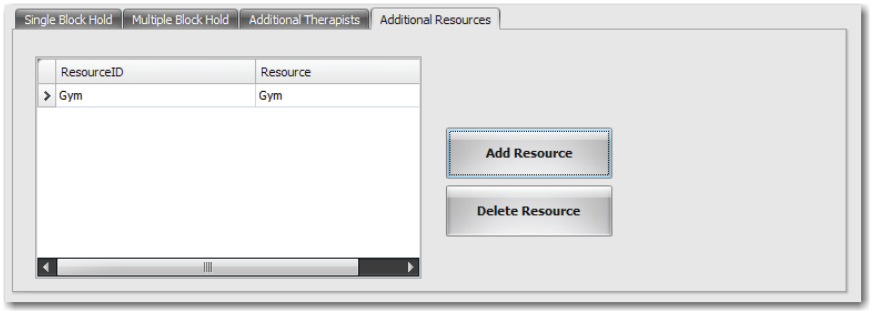
To add additional therapists to a Block Hold, select the **Additional Therapist** tab.



Select the **Add Therapist** button to schedule an additional therapist to this appointment. Select the **Delete Therapist** button to remove an added therapist from the existing appointment.

Additional Resources

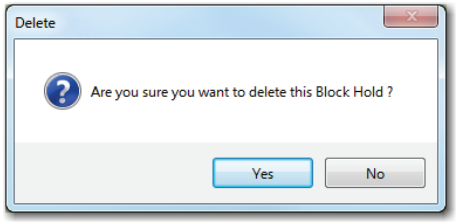
To add additional therapists to a Block Hold, select the **Additional Resources** tab.



Select the **Add Resources** button to schedule an additional therapist to this appointment. Select the **Delete Resources** button to remove an added therapist from the existing appointment.

Delete Block Hold

To delete an existing **Block Hold**, right-click on the Block and select **Delete Block Hold**. The following message appears.



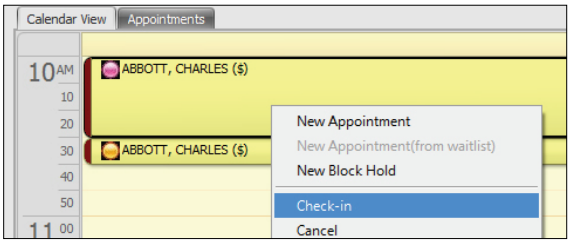
Select **Yes** to delete the block. Select **No** to close without deleting.

Editing Appointments

You can edit any scheduled appointment by simply double-clicking the appointment. It will then open up the appointment screen.

Checking In an Appointment

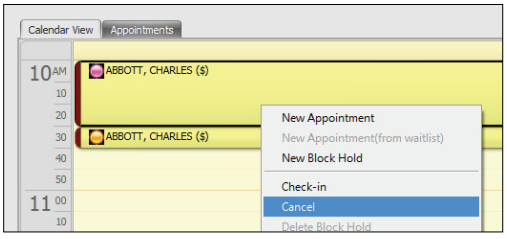
When a patient arrives for his or her appointment, you have the option to check that patient in on the schedule. This can be done by right-clicking on the appointment, then selecting **Check-In** from the menu.



When this option is chosen, the display color of the appointment will indicate the patient has arrived at the office and is ready for the appointment. The **Check-In** feature also allows you to collect the patient's co-pay (if applicable).

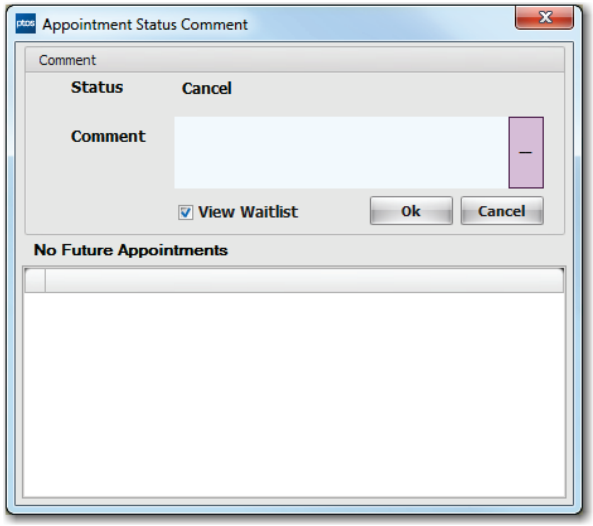
Cancelling an Appointment

Once an appointment has been scheduled, you have the option of cancelling the appointment. This can be done by right-clicking on the appointment, then selecting cancel from the menu.



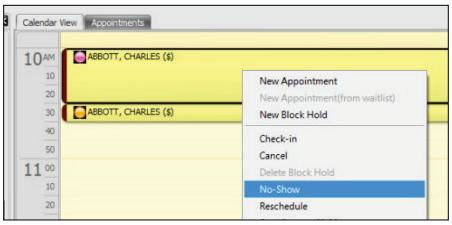
After selecting cancel, you will have the option to make a comment on why the appointment was cancelled. On the bottom of this screen there will be a list of the patient's upcoming

appointments so you can remind the patient of his or her next appointment. The option to view the waitlist is also here. This will allow you to see if there are any appointments in the waitlist that you can call on to fill your schedule.



No-Show Appointments

If a patient does not show up for their appointment, you can mark the appointment as a **No-Show**. This can be done by right-clicking on the appointment, then selecting **No-Show** from the menu.



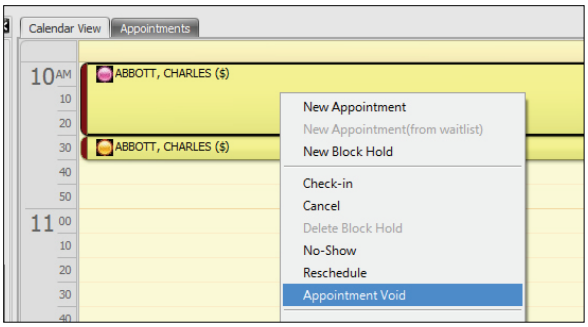
Like cancelled appointments, when **No-Show** is chosen, you will have the option to make a comment about the **No-Show** appointment and view the waitlist if necessary.

Reschedule

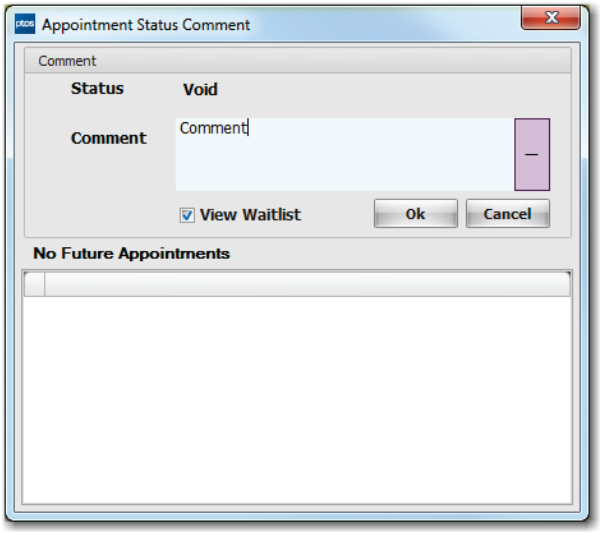
Reschedule an appointment, select the existing appointment. From the right-click menu, select **Reschedule**. Select the desired appointment time and date. Appointments and Blocks can also be rescheduled by dragging or cutting and pasting.

Voiding an Appointment

If an appointment is created for the wrong patient, it can be voided from the schedule. This can be done by right-clicking on the appointment, then selecting **Appointment Void** from the menu.



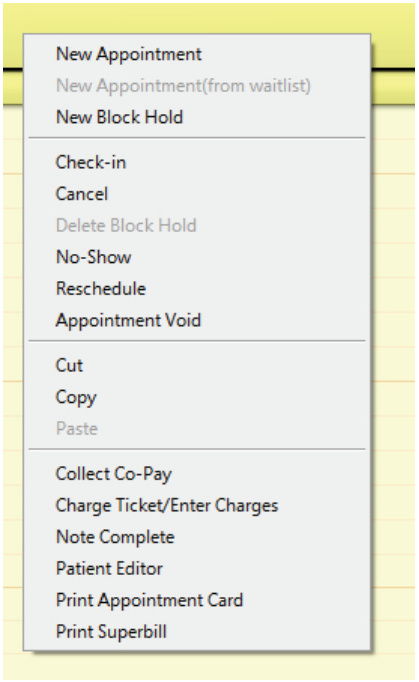
The Appointment Status window appears. Enter a **Comment** to this appointment void, if applicable.



Select the **View Waitlist** checkbox to launch the **Waitlist** after voiding. This will allow you to see if there are any appointments in the waitlist that you can call on to fill your schedule.

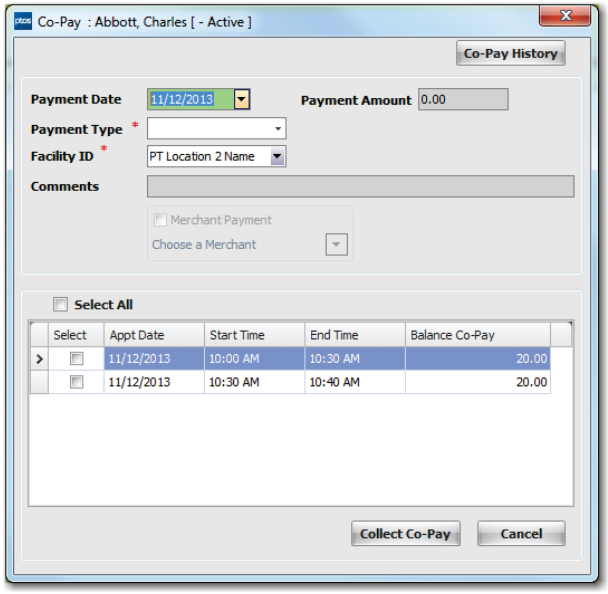
Select **Ok** to void this appointment. Select **Cancel** to exit without voiding.

Additional Right-Click Options



Collect Co-Pay

If the patient's co-pay was not collected at the time of **Check-In**, it can be collected at a later time using the **Collect Co-Pay**. To access the **Collect Co-Pay** option, right-click on the appointment and choose **Collect Co-Pay** option from the menu. The following window appears.



In the **Co-Pay** window, select the applicable co-pay. Use the drop-down menu to select the **Payment Type** and **Facility ID**.

Select **Collect Co-Pay** to complete the transaction. Select **Cancel** to exit without collecting.

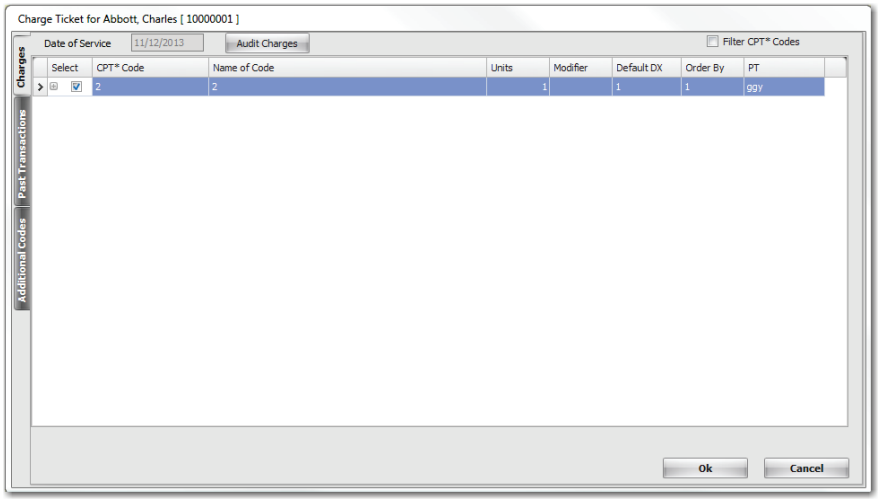
Select the **Co-Pay History** button to view a list of past co-pay payments for the selected patient.

Enter Charges

The **Enter Charges** feature allows you to complete a charge ticket for this appointment. To access the **Enter Charges** feature, right-click on the appointment and choose **Enter Charges** from the menu.

Based upon your individual config settings, the Enter Charges window may appear.

This will open the **Charge Ticket** area. Simply select the appropriate charges for this appointment and then click **OK** to complete the **Charge Ticket**.



Select **Cancel** to exit without applying a Charge.

Select the **Audit Charges** button to check for warnings that have been attached to the selected C.P.T. code. Select the checkbox **Filter C.P.T. Codes** to filter out any addition codes from the list.

To sort this list by column headings, select the name of the column. All columns can be sorted.

Select the **Filter C.P.T. Codes** checkbox to remove the C.P.T. Codes from the list.

Select the **Additional Codes** tab to access your office's additional non-billable codes.

To enter a charge, select the corresponding checkbox in the Select column. Select **OK**.

Note Complete

The **Note** Complete feature allows for the **Scheduling** and **Documentation** modules to communicate. To link an existing note to a new appointment, right-click on the appointment and

select, **Note Complete**. This will associate the note with the appointment in the **Worklist**.

Copy

Use this option to copy the selected appointment.

Cut

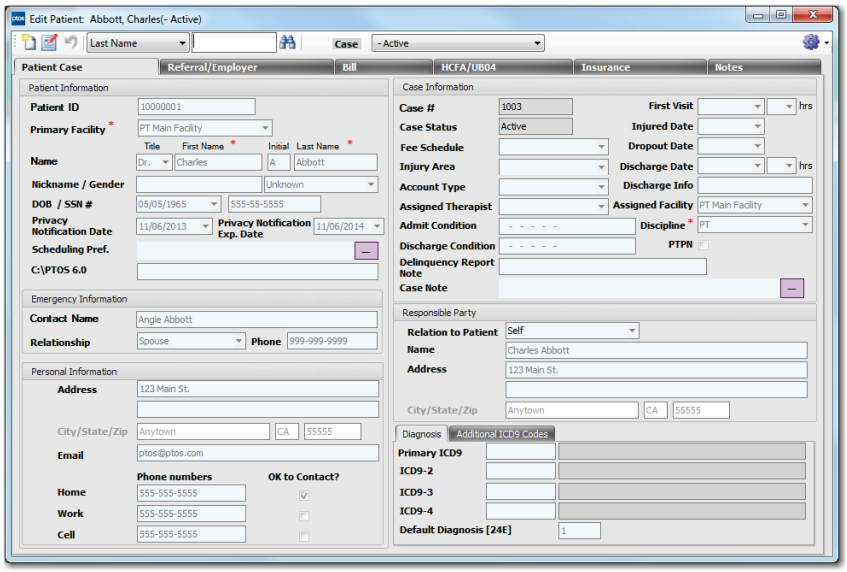
Use this option to cut the selected appointment.

Paste

Use this option to paste the selected appointment onto the schedule.

Patient Editor

The **Patient Editor** feature allows access to the patient information without ever leaving the schedule.



Keyboard Shortcuts

F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

F5 – Use this key to **search** an existing list.

% – Use this key in a search field to open the entire list of options.

Print Appointment Card

This option can be used to print a full-page appointment card for your patient. The **Appointment Card** includes the **Appointment Date**, **Facility ID**, **Start Time**, **Appointment Type** as well as the **Therapist** he or she will be seeing.

Print Superbill

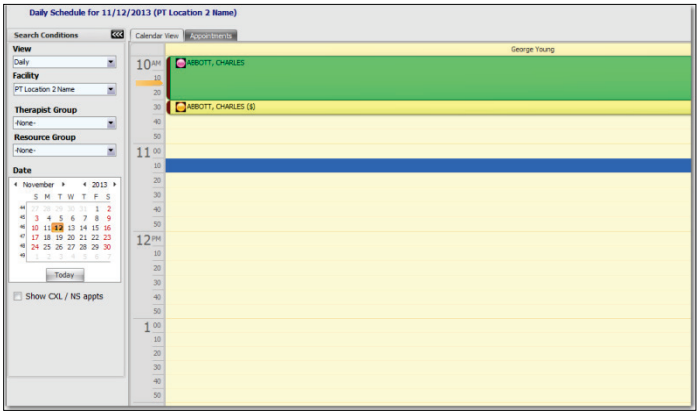
This option allows your office to print off a checklist including all the charges that may be billed to a patient. This can be filled out

and then that information can be used to assist in filling out a **Charge Ticket** for your patient's appointment.

Schedule Calendar View

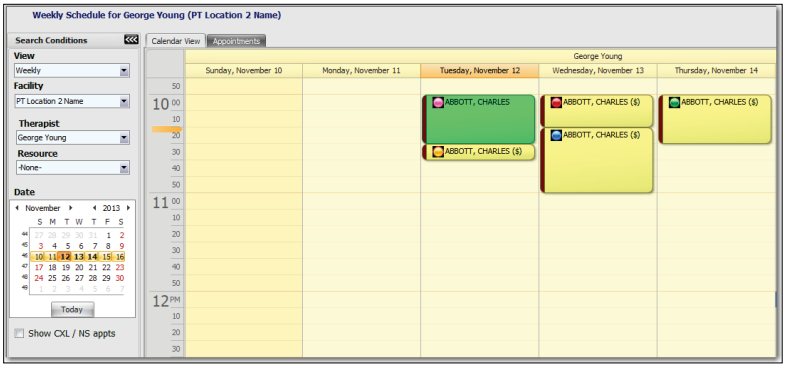
Schedule Views

There are different schedule views that can be used for the schedule. The **Daily View** shows all appointments at your facility for the selected day.



Further filter the view by **Facility, Therapist Group** and **Resource Group**.

The **Weekly View** allows you to see the weekly schedule for a single therapist or resource at your facility.



Show CXL/NS Appointments

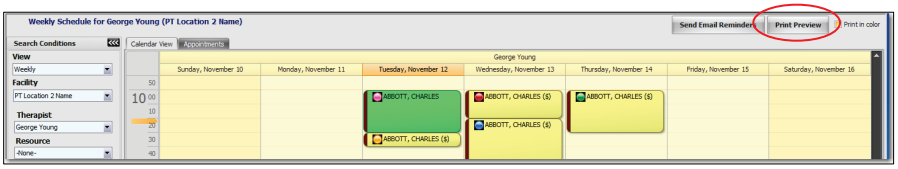
This checkbox allows you to control whether you would like to see appointments that have been marked as cancelled or no-show appointments. This option can be toggled on/off at any time.

Send Email Reminder

This option allows you to send appointment reminders via email. If this option is selected, an **email** information box will appear showing the **Total Appointments**, how many have email addresses set up and the amount of emails to be sent now. You will then have an option to send out the reminders.

Print Preview

This option allows you to preview the schedule prior to printing. If you need a hard copy of the schedule, you can print it from this area. This option is only available in Calendar view. To access print preview, go to **Scheduler**, and click the **Print Preview** button in the upper right of the screen. Select the printer to be used. Click **Ok**. Once the printer is chosen, the preview is created.

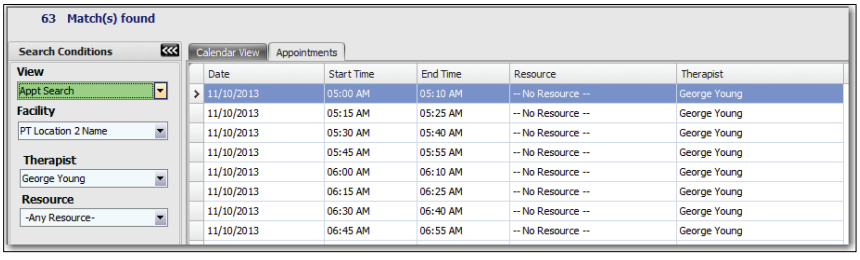


Print in Color

Selecting the **Print in color** button in the upper right of the screen, will preview and print the schedule in color, otherwise it will preview and print in gray scale. The box is defaulted as 'unchecked'. Once the box is selected, the system will retain the selection going forward.

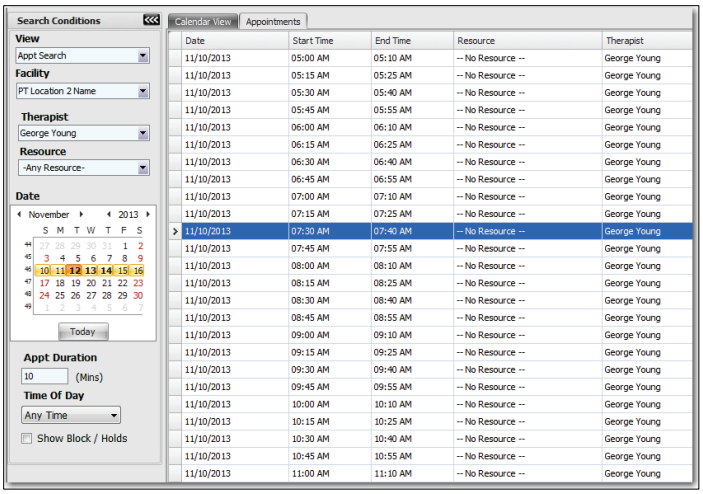
Schedule Appointments View

Select the **Appointments** tab to view the schedule by appointment.


63 Match(s) found
Search Conditions
Calendar View
Appointments
View
Appt Search
Facility
PT Location 2 Name
Therapist
George Young
Resource
-Any Resource-
Date
Start Time
End Time
Resource
Therapist
11/10/2013 05:00 AM 05:10 AM -- No Resource -- George Young
11/10/2013 05:15 AM 05:25 AM -- No Resource -- George Young
11/10/2013 05:30 AM 05:40 AM -- No Resource -- George Young
11/10/2013 05:45 AM 05:55 AM -- No Resource -- George Young
11/10/2013 06:00 AM 06:10 AM -- No Resource -- George Young
11/10/2013 06:15 AM 06:25 AM -- No Resource -- George Young
11/10/2013 06:30 AM 06:40 AM -- No Resource -- George Young
11/10/2013 06:45 AM 06:55 AM -- No Resource -- George Young

In the Appointments view, select to view appointments **Appointment Search**.

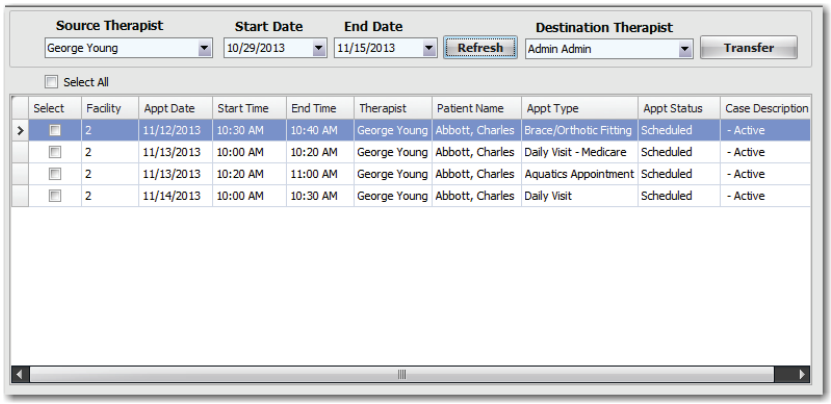
The **Appointment Search View** allows you to see the available time for your therapists. Further filter this view by Facility, Therapist and Resource.



Enter the **Appt Duration** time and select the **Time of Day** to further narrow the search for an available appointment time. Select the **Show Block/Holds** checkbox to include that information in the Appointment Search.

Transfer Appointment

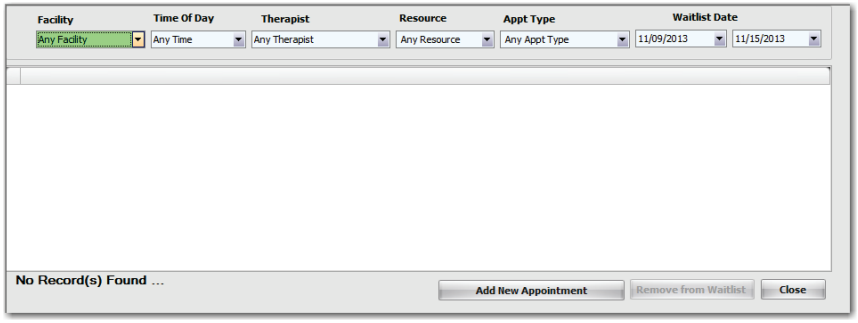
Under **Scheduling** | **Transfer Appointment**, move appointments between rooms.



Select the **Source Therapist, Start Date, End Date** and **Destination Therapist**. Select the **Refresh** button. Select an appointment using the checkbox **Select** or select the **Select All** checkbox. Select the **Transfer** button to move appointments.

Waitlist

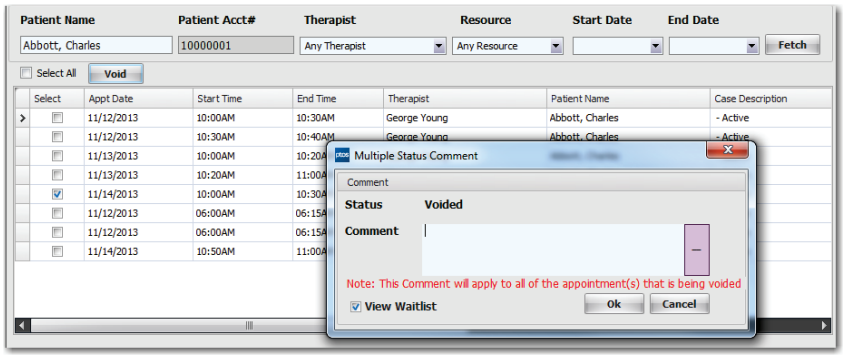
To schedule an appointment using the **Waitlist**, select **Scheduling** | **Waitlist**.



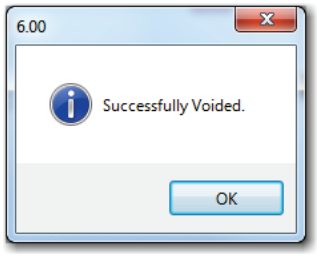
In the Waitlist, narrow your list by selecting the **Facility, Time of Day, Therapist, Resource, Appt Type** and **Waitlist Dates**. To schedule a **Waitlist** patient, check the **Select** checkbox and select **Add Appointment**. To remove a patient from the **Waitlist**, check the select box and select **Remove from Waitlist**. Select **Close** to exit.

Appointment / Block Void

To use the **Appointment / Block Void**, select **Scheduling** | **Appointment / Block Void**. Enter a patient and select **Enter**. Select the desired appointment and select **Void**. In the **Multiple Status Comment**, enter a comment if desired. Select **OK** to void the appointment.



The following screen appears.



Select **OK**.

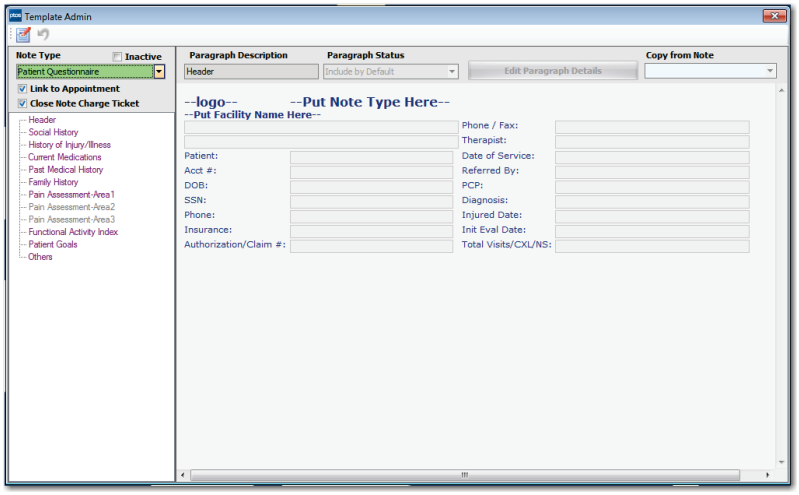
Voiding Blocks

To Void a Block, leave the **Patient Name** and **Patient Acct#** fields blank. Select the **Therapist** desired or leave as **Any Therapist**. Select the **Resource**, **Start Date** and **End Date** desired. Select **Fetch** to retrieve data. Select the desired Block and select **Void**. Enter a comment (optional) and select **OK** to Void.

Documentation

Template Admin

Use the **Template Admin** to create customized correspondence. Go to **Documentation** | **Template Admin**. Select the headings on the Information tree to open additional screens. The following is example of the **Patient Questionnaire** template.



In the **Note Type**, select from the available options in the drop-down list.

Header

Header information includes the following items:

Patient	Acct #		DOB
SSN	Phone	Insurance	Authorization/Claim #
Phone/Fax	Therapist		Date of Service
Referred By	PCP		Diagnosis
Injured Date	Initial Evaluation Date		Total Visits/CXL/NS

Additional Options

Select the **Link to Appointment** checkbox to tie the selected template to patient appointments.

Select the **Close Note Charge Ticket** to display the Charge Ticket when the selected note is closed

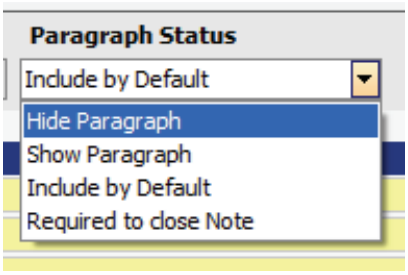
Select the **Inactive** checkbox to inactivate the selected note.

Comments are not required for a printout.

Edit Template

To edit an existing template, select the **Edit** icon. This will allow you to make the following changes:

Paragraph Status

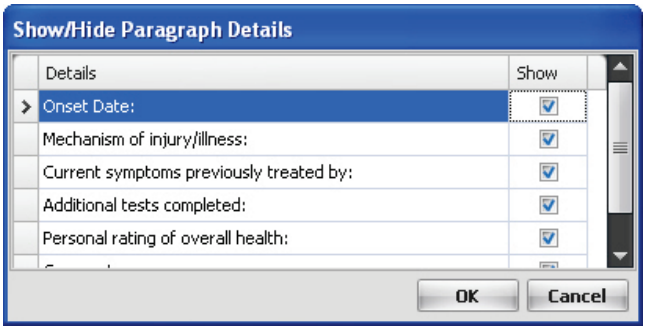


Use the drop-down menu to select the Paragraph Status.

- **Hide Paragraph** – Select this option to hide the selected paragraph.
- **Show Paragraph** – Select this option to show the selected paragraph.
- **Include by Default** – Select this option to include the selected paragraph by default.
- **Required to close Note** – Use this option to require paragraph completion prior to closing.

Show/Hide Detail

To remove or display individual lines from paragraph information, select the **Show/Hide Detail** button.



In the **Show/Hide Paragraph Details** window, deselect the **Show** checkbox to hide the line item from the paragraph. Select **OK** to save.

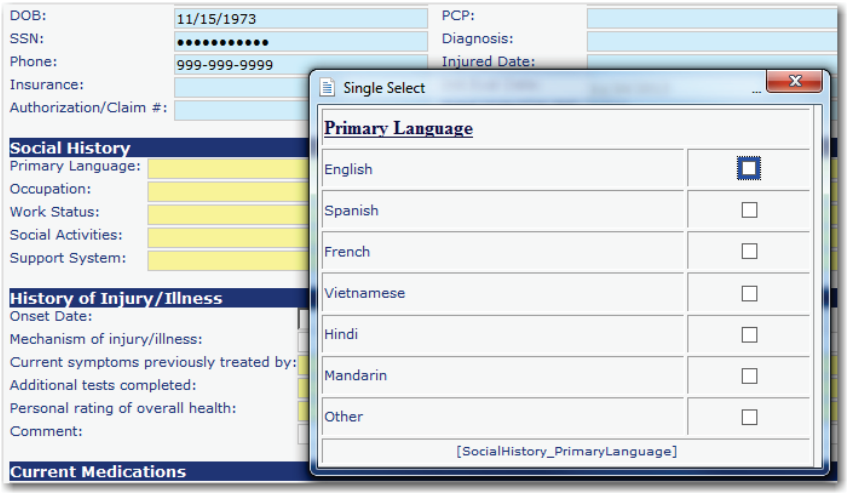
Copy from Note

To include information from other Notes, select **Copy** from Note and select the note from which to pull the information.

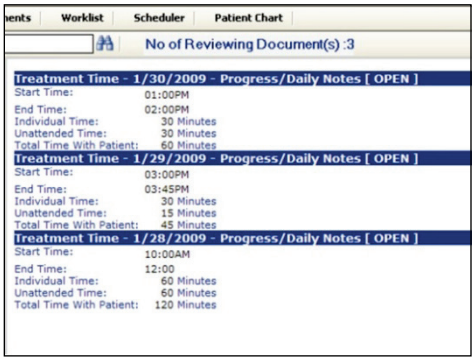
Pick Lists

To access Pick Lists, select **Documentation** | **Change Pick List**. The other is to right-click in the yellow areas of patient chart. Use Pick Lists to enter pre-created information throughout the note.

1. Right-click on the yellow field and a **Pick List** appears. This example is a single select pick list indicating that only one of the items can be selected from the list.
2. Once an item is selected it will be entered into the note.



In addition to single select pick lists, there are multiple select pick lists, which allow you to choose one or more items to be entered into the note. In the yellow highlighted areas, it is not a requirement to use the pick lists, the option to free form type is available.


Worklist
Scheduler
Patient Chart
No of Reviewing Document(s) :3
Treatment Time - 1/30/2009 - Progress/Daily Notes [OPEN]
Start Time: 01:00PM
End Time: 02:00PM
Individual Time: 30 Minutes
Unattended Time: 30 Minutes
Total Time With Patient: 60 Minutes
Treatment Time - 1/29/2009 - Progress/Daily Notes [OPEN]
Start Time: 03:00PM
End Time: 03:45PM
Individual Time: 30 Minutes
Unattended Time: 15 Minutes
Total Time With Patient: 45 Minutes
Treatment Time - 1/28/2009 - Progress/Daily Notes [OPEN]
Start Time: 10:00AM
End Time: 12:00
Individual Time: 60 Minutes
Unattended Time: 60 Minutes
Total Time With Patient: 120 Minutes

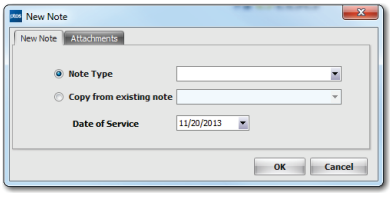
Patient Chart

The first step to creating notes is to open up a patient's chart. You can access patients' charts by selecting **Patient Chart** at the top of your screen or by going to **Documentation** | **Patient Chart**.

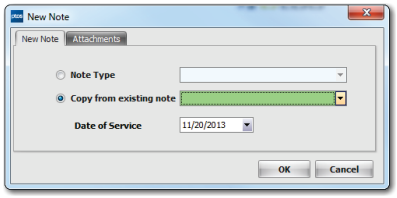
Select the desired patient from the Patient Search window.

Creating a New Note

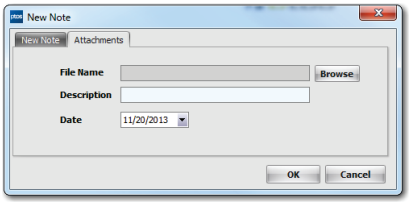
To create a new note, select the **Add Note** icon.



Choose the **Note Type** you wish to create from the dropdown menu. Verify that the **Date of Service** is correct and select **OK** to create the note. For this example, we will use the Progress/Daily Notes.



To create a new note based upon existing information, select **Copy from existing note**. Use the drop-down to select the desired note. Select the **Date of Service** and select **OK** to continue.

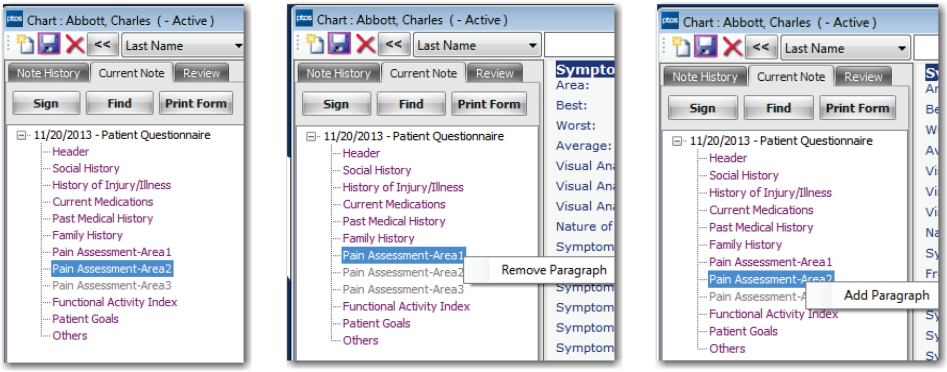


Add attachments to a note by selecting the **Attachments** tab. Select the **Browse** button to locate the file. Enter a **Description** and date if necessary. Select **OK** to attach the file to the current note.

You can also double-click on a paragraph to remove it.

The **Initial Evaluation** note will now populate the screen. Along the left side of your screen is a display of the different paragraphs that can be included in the Initial Evaluation note. The paragraphs displayed in purple are the ones that are included in the Initial Evaluation note by default. The option to include the gray paragraphs is available by right-clicking on the paragraph and selecting **Add Paragraph** or double-clicking the paragraph. In addition, any paragraph that is included by default can be

removed by right-clicking on the paragraph and select **Remove Paragraph**.



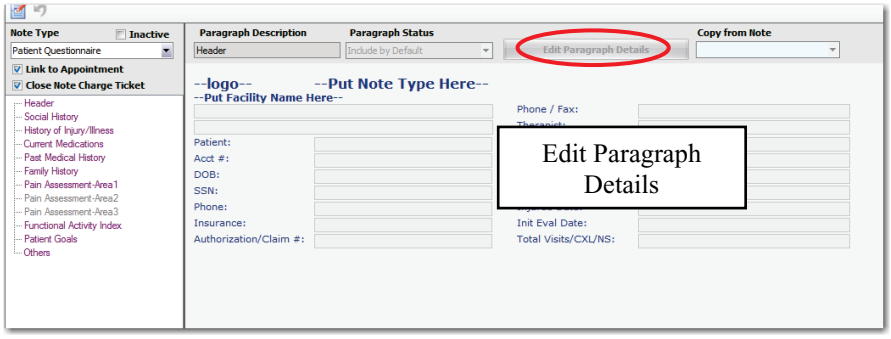
The **Header** of the note will be populated with the patient's information already entered into the system. This information can be edited here if needed.

Saving a Note

Notes may be automatically saved as you add to or make changes to a note.

Edit and/or enhance the pre-written narratives in PTOS notes. In **Documentation** | **Template Admin**, select the **Note Type** from the drop-down menu. The following paragraph templates can be modified:

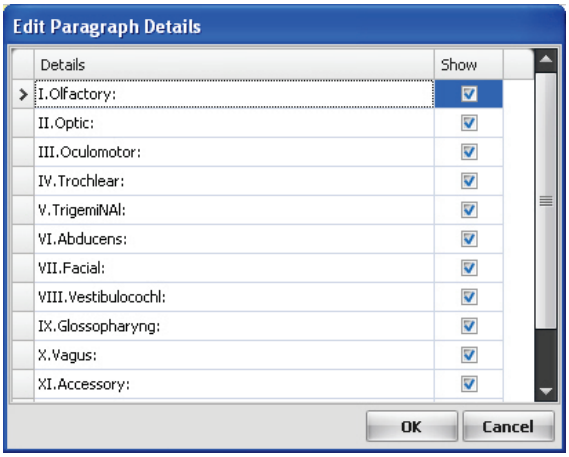
- Short/Long Term Goals
- Special Tests
- Problem Lists
- Treatment Plan



In **Template Admin**, select one of the editable **Note Types** from drop-down list. The editable Note Types are:

- Patient Questionnaire
- Initial Evaluation
- Re-Evaluation
- Progress/Daily Notes
- Cancel/No-Show
- Discharge Summary
- Discharge Summary – Brief
- Flow Sheet
- Physician Letter
- PTPN Initial Evaluation Report
- PTPN Initial Evaluation Letter
- PTPN Progress/Daily Notes

In the **Paragraph Description** list, select the desired description. Select the **Edit** (F3) icon to place the template in Edit mode. Next, select the **Edit Paragraph Details** button. The following window appears:



In the **Edit Paragraph Details** window, select the name of the detail that you wish to edit.

Select the **Show** checkbox to display the detail on your template. Deselect the **Show** checkbox to hide the detail.

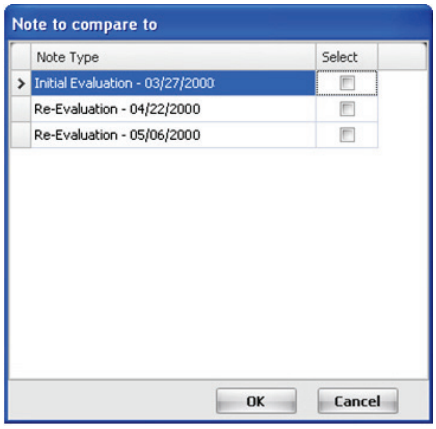
The last changes made to the Paragraph Details will become the default.

Ten additional blank lines are also available at the bottom of each narrative. In the **Edit Paragraph Details**, select the Show checkbox next to the blank lines to add them to the templates.

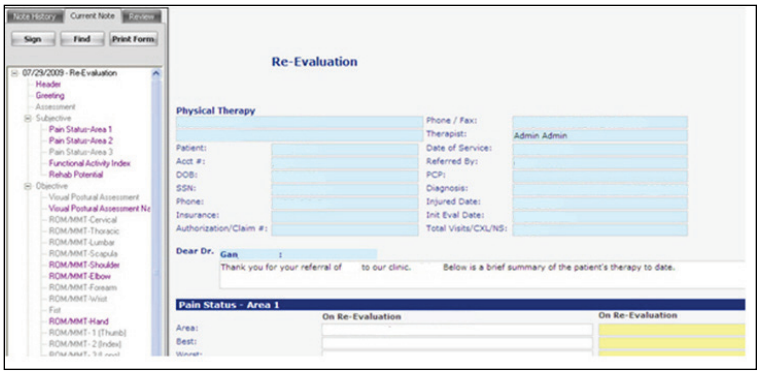
Select **OK** to save your changes.

Comparing Initial Evaluation with Re-Evaluation

PTOS Documentation has the ability to compare **Initial Evaluations** and **Re-Evaluation** on a single note. You have the ability to compare up to three notes on a single page (i.e. Initial Evaluation, and two Re-Evaluations). Once the **Initial Evaluation** has been created, a new note needs to be created. Choose **Re-Evaluation** as the **Note Type** for the new note. After clicking **OK**, the option to compare the note to an existing note becomes available.



Choose the note(s) that you wish to compare and then click **OK**. The new document comparing the notes will now populate your screen. Fill in the appropriate information in the **Re-Evaluation** column and save the document.



Note History

The Note History allows you to view all existing notes for this patient. This includes all open, closed and voided notes and attachments for the individual patient.

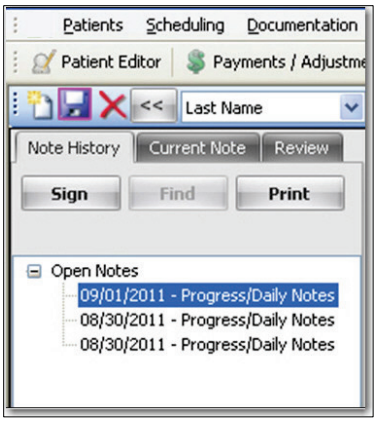
Keyboard Shortcuts

F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

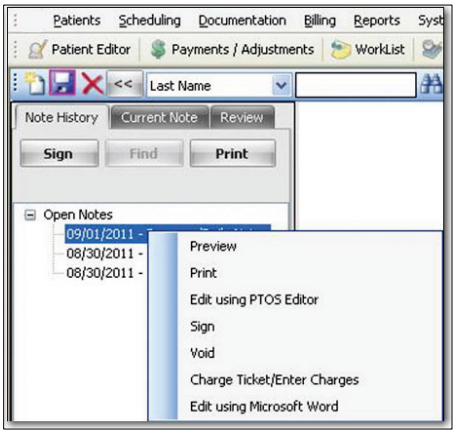
F5 – Use this key to **search** an existing list.

% – Use this key in a search field to open the entire list of options.



Open Note Options

Right-clicking on a note in the **Note History** area opens up a menu of options pertaining to the individual note.



Preview

This option opens up a print preview of the selected note. This allows you to see what the note will look like when printed.

Print

This option prints the selected note.

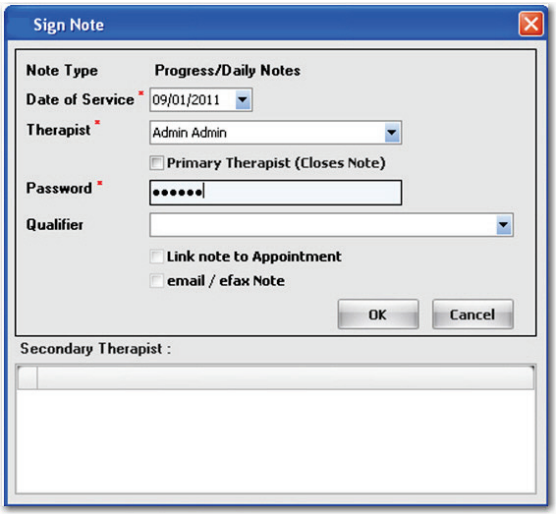
Editing Using PTOS Editor

This option opens the selected note so additions/changes can be made. You can also double-click the note in the **Note History** to open it in the PTOS Editor.

Sign

This option allows for several actions to take place. When selected, the first screen that will appear is the **Charge Ticket** screen. The ticket can be filled out at this time or you can use cancel if you wish to fill it out at a later time. The next screen is the **Sign Note** screen. The first step is selecting the appropriate

Date of Service and Therapist. Next, if you wish to close the note, the **Primary Therapist** box will need to be checked. The selected therapist will then be required to type in his/her password.



Select **OK** and the note will now be signed and closed. Once a note is closed, it will now move into the closed category under the **Note History**.

Void

If a note is mistakenly created, the option to **Void** the note is available. All voided notes stay in the patient chart but cannot be edited once they have been voided. Right-click on voided notes to print or preview.

Charge Ticket

This will open the **Charge Ticket** screen. Simply select the appropriate charges for this note and then select **OK** to complete the **Charge Ticket**.

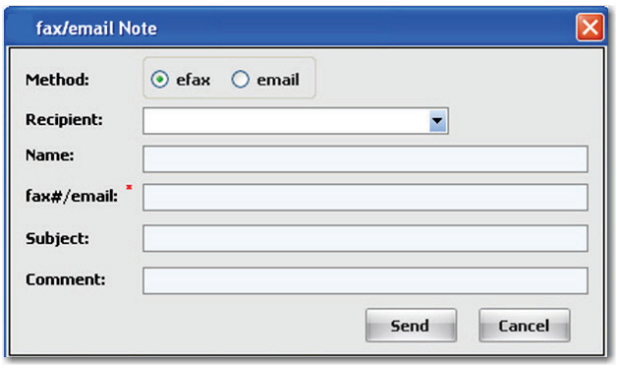
Edit Using Microsoft Word

Use this option to edit a note outside of PTOS. Once a note has been edited in MS Word, it can no longer be edited in the PTOS Chart Area.

Closed Note Options

Fax/Email

This option can be used if you are set up with an electronic fax company or are using a MAPI (Messaging Application Programming Interface) compliant email program.

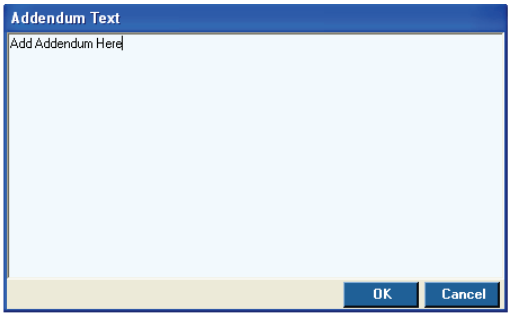


Re-Open

This option allows the note to be opened and edited. It is only available until midnight of the day the note was signed.

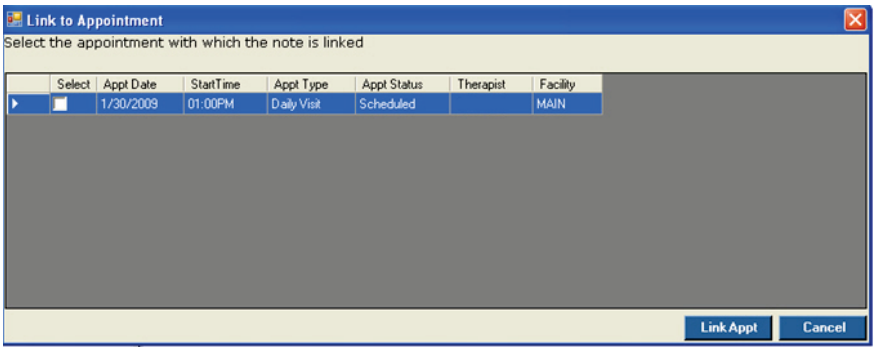
Add Addendum

If a note is closed and it can no longer be reopened, information can be added to the note using the **Add Addendum** feature. It opens a free-form text field where additional notes can be entered.



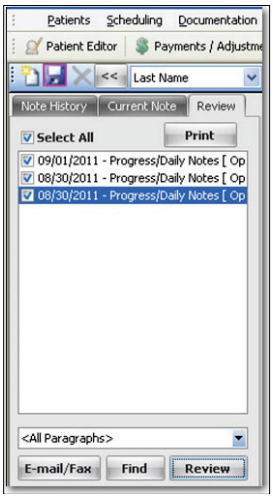
Link Note to Appointment

If you have purchased both the **Scheduling** and **Documentation** modules, you have the ability to link notes to appointments. Once an appointment is on the schedule, you have the ability to link a note from the **Patient Chart** to that appointment.



Review

This area allows you to compare paragraphs from multiple notes. For example, if there are three **Daily/Progress Notes** for a patient, you can select which paragraph from those notes you would like to compare. Choose which notes you would like to compare by checking the box on the left, then choose the paragraph you would like to compare at the bottom.

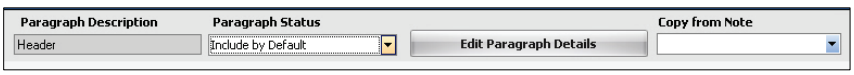


The paragraphs will then be compared on a single, printable page.

Facility Logo

Under **Special Tasks** | **Add/Update Client Logo** you can customize notes by adding your facility's logo. In this screen you can **Add/Update** or remove a logo from your notes. Select the **Add/Update Client Logo** button to browse to the desired image.

Note: Logo size must be 120 x 120 pixels.



Billing

Transactions

NOTE: If you are still using PTOS Billing 3.5, please refer to your PTOS 3.5 manual for information pertaining to the Billing module and its functions.

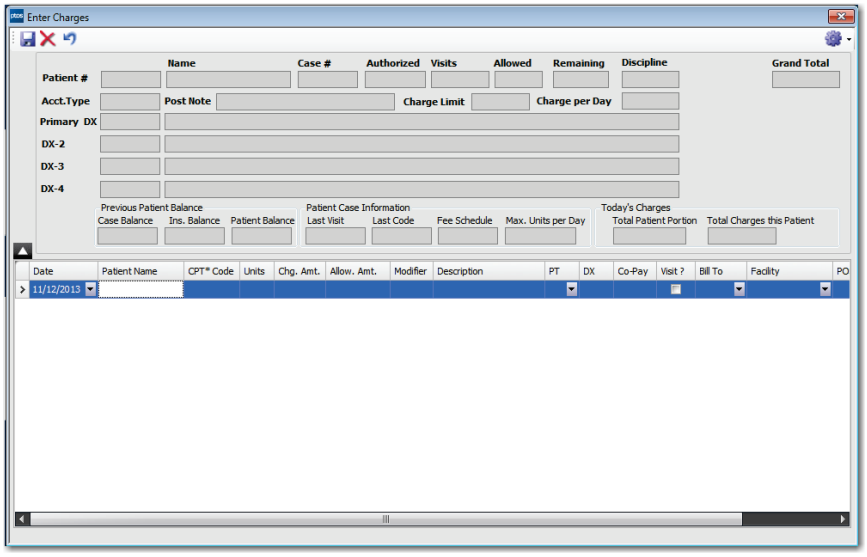
PTOS 6.0 Billing handles all transactions for patients, such as charges, payments, adjustments, outstanding balances, and other important financial information.

Transactions entries affect an account balance.

Enter Charges

*See the **Glossary of Terms** located at the back of this manual for more information on terminology.*

1. Select **Billing** | **Enter Charges** in the PTOS Menu Bar.



The boxes at the top of the case display read only information that defaults from **Patient Editor** for the Patient name displayed in the posting line. The upper portion of the window contains numerous fields:

- **Patient # –** The Patient ID number
- **Name –** Patient Name
- **Case # –** Case Number
- **Authorized** (date) – Authorized dates for service
- **Visits –** Number of visits completed
- **Allowed –** Number of visits authorized
- **Remaining –** The difference between Visits and Allowed
- **Discipline –** The required discipline
- **Acct. Type –** The patient account type
- **Post Note –** Any available notes
- **Charge Limit –** The authorized charge amount per visit
- **Charge per Day –** The amount of charge authorized per day
- **Primary DX**, **DX-2**, **DX-3**, **DX4** – Diagnosis codes applicable

Charges are entered in this order:

- **Date** – The Date automatically defaults to the login date, but the user can edit the date. Once the date is edited, subsequent lines default to the new date. A date in the future can also be entered. (This field is required)
- **Patient Name** – When accessed from **Patient Editor** or **Scheduler**, the current patient appears automatically. If accessed anywhere else in the system, the field is blank and Patient information must be entered manually. (This field is required)

  In the posting line, enter the first few letters of the patient's last name, or % in the **Patient Name** field and select the Enter or Tab key to enter the **Patient Search** window to select a patient. Select the **X** and proceed as above to display the **Patient Search** window.

  A **Grand Total of All Charges** for all patients in this charge window appears at the top of the window.

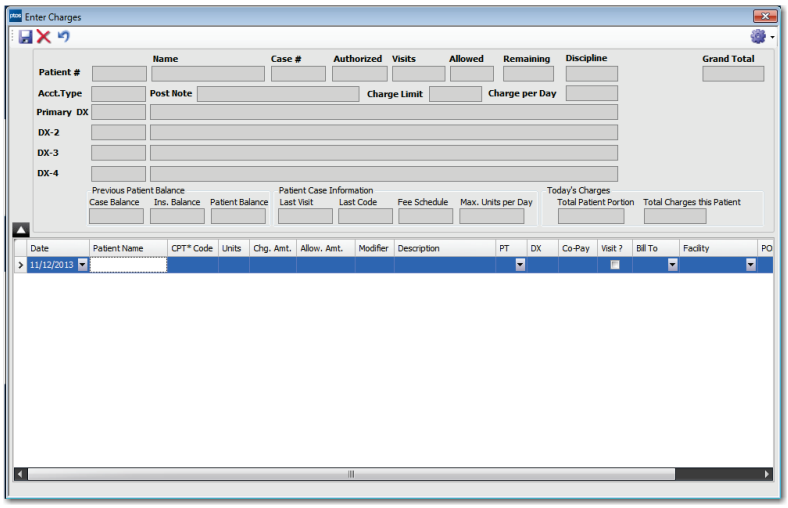
Keyboard Shortcuts

F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

F5 – Use this key to **search** an existing list.

% – Use this key in a search field to open the entire list of options.



Entering Billing information

C.P.T. Code – Enter a C.P.T. code into the patient's record by any of these three ways:

1. Type the C.P.T. code into the C.P.T. code field.
2. To find the closest match to the code you want, activate the C.P.T. Code Search window by typing the first few characters into the field and pressing Enter.
3. Type the percent (%) sign into the field to bring up the C.P.T. Code Search window.

Units – Enter the number of units. Units will default to this window from C.P.T. Code setup. This field is editable.

Chg Amt – This number is generated from the C.P.T. code or Fee Schedule and cannot be edited.

Allow Amt – This number is generated from the C.P.T. code or **Fee Schedule** and cannot be edited.

Modifier – The default for this field is from C.P.T. Code Setup. It can also default from Fee Schedule, which would override what was entered during C.P.T. Code Setup. The limit is 4 modifiers. Modifiers can be edited from the Billing window.

Description – Defaulted from C.P.T. Code Setup or from the ICODE entry.

If no Therapist is set up, choose a therapist by selecting the drop-down arrow.

PT – Click on the drop-down arrow to select the PT who provided the service. If the patient has an **Assigned Therapist**, that name will default into this field. A Therapist set in an Appointment has precedence over an assigned therapist.

DX – Select which diagnosis is appropriate for this service. The default DX set in **Patient Editor** displays and can be edited. A maximum of four (4) DXs can be displayed.

Co-pay – Defaults from what was entered in the **Patient Editor**. If **Co-pay** was entered in **Scheduler**, it overrides any other co-pay amounts entered elsewhere in the system. If co-pay is not entered through Scheduler, then co-pay defaults from the **Patient Editor Bill Tab**. If the Bill Tab is blank, then it would default as 0 (zero) on the enter charges. Co-pay can be manually entered but defaults to codes that are marked to affect visits.

Visit – The default is checked anytime there is not an existing **Visit** marked for each **DOS** for a patient unless the **C.P.T.** code was not designated to count as a visit in code setup. A visit is not required to post charges. If you manually change the Visit box, the system will not override this value unless the patient date of service is changed.

Bill To – Designates which party you are billing for the charges about to be entered. It defaults to primary insurance, unless something different is specified in the **C.P.T.** code, which would then take precedence. It can be modified. If no insurance is listed for the patient, it should default to **Bill to Patient Responsibility**. Click on the drop-down arrow to select who will receive the bill for services provided to the patient.

Facility – Click on the drop-down arrow to select the physical office or treatment center where medical services were provided to the patient. The default for this field is from **Scheduler**. If nothing is set in Scheduler, then use the assigned facility for the selected case in **Patient Editor**. If the assigned Facility field is blank, it should default to the **Primary Facility** that was assigned in Patient Editor.

POS (Place of Service) – Defaults from the **HCFA/UB04** Tab in Patient Editor. If the Patient Editor POS is blank, then the POS during charge entry will default from the Account Type, if there is one attached.

Rev – Can be assigned if one applies to this charge. The default is what was set in **C.P.T.** Code Setup or **Fee Schedule**. If it remains blank, nothing is selected.

ICODE – An **ICODE** can be used in place of a **C.P.T.** code by typing an **'I'** in the **C.P.T.** code field. An **ICODE Charges** box displays. **ICODES** are used as 'placeholders' for codes that are not currently available in the system. **ICODE** will default to **Y** (Yes) as a Visit. Deselect if you would like to remove and count as **N** (No).

ICode checkbox – Box is automatically checked to designate when an **ICODE** is created. It is defaulted to be check marked when an **ICODE** is used in the **C.P.T. Code** box. This box cannot be modified.

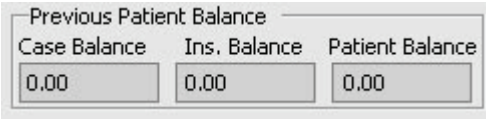
Charges entered from the **Enter Charges** window are automatically approved. Charges entered from **Documentation**

and/or **Scheduling** through the **Charge Ticket** will remain **Unapproved**. User can edit and then **Approve** these charges.

Boxes across mid section of page are separated into three groups that define the following information for the chosen patient:

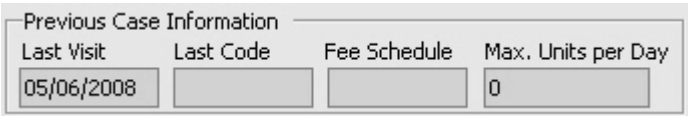
Group 1 — Previous Patient Balance (excludes current charges)

* **Case Balance**: Same as **Balance** on **Transaction Summary**. Case Balance is the total balance per case. Current charge entry is not included in this total.
* **Ins. Balance**: Total of Primary/Secondary and Tertiary balances from Transaction Summary screen or calculated as the Charge Amount – Deductible - Co-pay – Co-Insurance.
* **Patient Balance**: Should correlate with **Patient Balance** on **Transaction Summary** screen; calculated as the Co-pay + Co-Insurance (minus current charge entry) + Deductible.



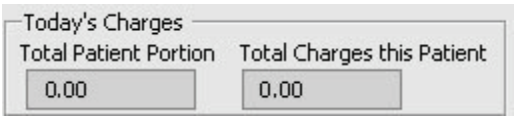
Group 2 — Case Information (includes current charges)

* **Last Visit:** Date of last charge on **Transaction** Hx screen.
* **Last Code**: last procedure from the last date of charge posted in Transaction Hx screen.
* **Fee Schedule:** Pulls first from **Patient Editor** (Patient Case) and then from **Insurance Company** setup. This will also reflect any changes made manually on the current charge.
* **Max. Units per Day**: Data obtained from Patient Editor/Billing tab.



Group 3 — Today's Charges (includes current charges)

* Total **Patient Portion** (Co-pay + Co-Insurance + Deductible).
* **Total Charges This Patient** – Total of all charges posted for this patient.

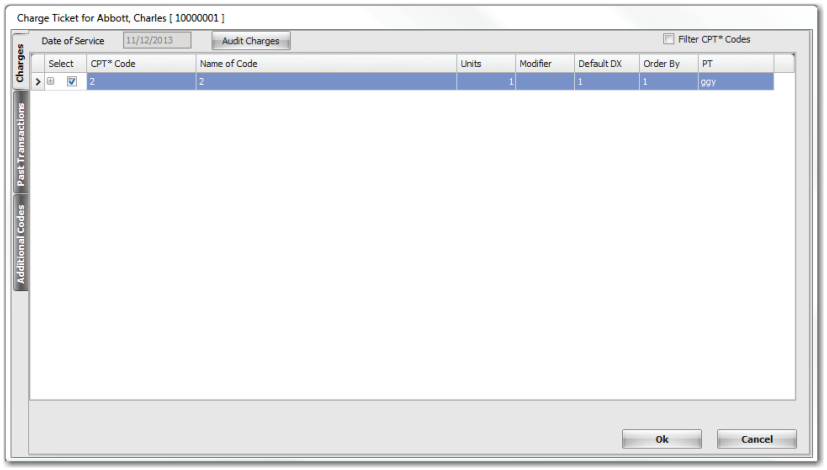


Other Enter Charges Features

- **Cogwheel icon**: If charges are already entered, these options are immediately available: **Patient Editor**, **Charge Ticket**, **and Last Visit**.
- **Patient Editor:** The main location in PTOS 6.0 where you can **Add**, **Edit** and/or **View** patient data in the system.
- **Charge Ticket:** Select this option to take you directly to the Charge Ticket to enter charges.
- **Last Visit:** A quick way to post recurrent charges to patient cases(s). If the patient has been treated previously at this facility, the information from the last visit defaults. This feature is disabled on new patients.

Charge Ticket

A **Charge Ticket** can be accessed from **Scheduling** and/or **Documentation** with the same functionality in all areas. In **Scheduling**, right-click on an appointment and select **Enter Charges**.



The Charge Ticket allows you to:

- Select charges for a specific **Date of Service**
- **Audit Charges**
- **Filter Procedure Codes** for **Fee Schedule**

Once you select charges from the **Charge Ticket** and click **Ok**, the charges are held as **Unapproved**.

When a **Charge Ticket** or **Superbill** is displayed for a particular patient, it is more efficient to show only the **Fee Schedule** codes

that apply to that payer. If there are **Fee Schedule** codes, the default will be marked to filter; otherwise, all codes will show.

At the top of the **Charge Ticket**, a non-editable date field displays today's date.

A separate area on the **Charge Ticket** includes all codes marked specifically to include in this additional area (per C.P.T. CODE setup. Codes displaying on the main area of the **Charge Ticket** will be those marked to display on the main area of the **Charge Ticket** per C.P.T. CODE setup.)

Appointment Warning Messages

You should get **Warning Messages** in **Enter Charges** and **Charge Ticket** under the following circumstances:

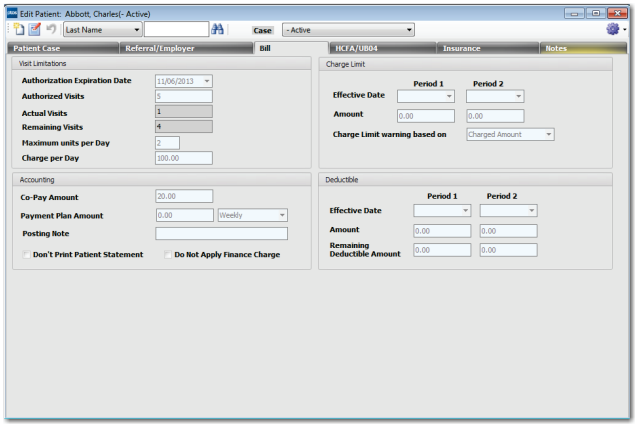
- The date of the proposed service is after the Authorized Expiration Date for the Patient/Case(s).
- If the number of charges entered and marked as visits for the Patient/Case(s) exceeds the authorized **Visit** limit for the Patient/Case(s).
- Max number of **Units** is exceeded.
- Charge per day is exceeded.
- Charge **Limit** is exceeded.

Additional warnings that can be set include:

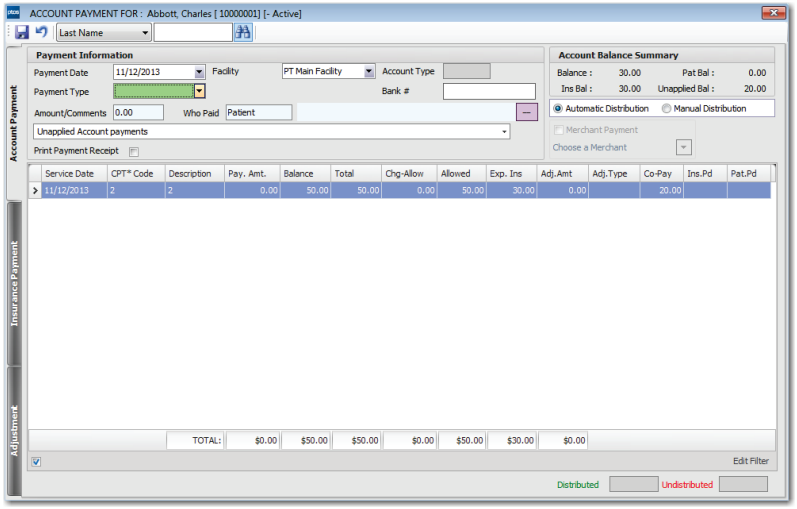
- Charge limit warning based on Charged amount or Allowed
- Config Parameter to be warned when you are within a $XXX.XX specified amount of the limit.

Charge Limit Warning

Charge limits will automatically reset according to the effective date entered for the period. To access Charge Limit, go to **Patient Editor** | **Bill** tab. It is located in the upper right hand of the screen.



Payments/Adjustments



Keyboard Shortcuts

F2 – Use this key to **Add** a new item in a list.

F3 – Use this key to **Edit** an existing item in a list.

F5 – Use this key to **search** an existing list.

% – Use this key in a search field to open the entire list of options.

Account Payment

To make Account Payments, select **Billing** | **Payments** / **Adjustments**. Toggle between Account Payments, Insurance Payments and Adjustments using the tabs on the left side of the window.

In the **Payment Information** section, select the **Payment Date** if not already apparent. Select the **Facility**. Use the **Payment Type** drop-down list to select the type of payment being made. Enter the **Check/Bank/Authorization** number pertaining to the payment type. Enter the **Amount** of the payment. The **Account Type** appears by default.

To apply the payment to **Unapplied Payments**, select the **Unapplied Payments** drop arrow and select the transaction. Enter a **Comment** if desired.

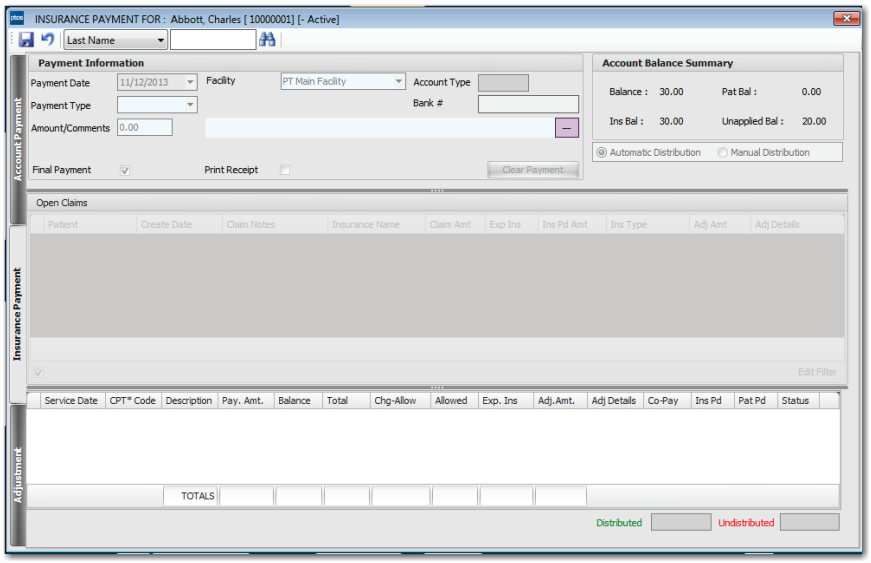
Select the checkbox **Print Payment Receipt** to create a receipt for this payment.

Select **Automatic Distribution** or **Manual Distribution** to distribute payment. Selecting **Manual Distribution** allows you to enter the amounts to the desired transactions. **Automatic Distribution** pays to charges with co-pay owed first and then to the oldest Patient balance.

Insurance Payments

To make Insurance Payments, select **Billing** | **Payment / Adjustments**. Toggle between Account Payments, Insurance

Payments and Adjustments using the tabs on the left side of the window.



Select the **Insurance Payment** tab to make Insurance payments. In the **Payment Information** area, use the drop-down list to select the **Payment Date**. Select the desired **Facility**. Review the **Account Type** and select the **Payment Type**. Enter the **Amount** of the payment and make any necessary comments. Mark **Final Payment** if applicable. Select the **Print Payment Receip**t to create a receipt.

Select **Automatic Distribution** or **Manual Distribution** to disperse payment. **Manual Distribution** allows you to enter the payments and amounts as you like.

In the **Open Claims** area, sort by the following columns:

Patients	Create Date	Claim Notes	Insurance Name
Claim Amt.	Exp. Ins.	Ins. Pd	Ins. Type
Adj. Amt	Adj Details		

Select the **Edit Filter** hyperlink to filter and narrow the payment history by a specific date range. Use the drop-down arrows to select the filter dates and select **Apply Filter**. To return the view to show all transactions, select **Reset Filter**.

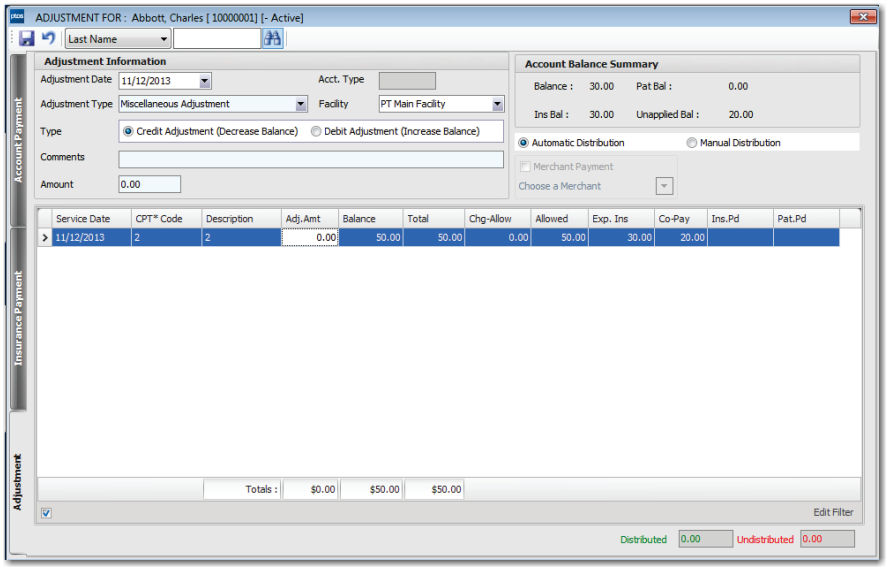
Payment information appears at the bottom of this screen.

Posting Payments-Multiple Users

Multi-User functionality provided for users posting payments simultaneously in various payment windows. Multiple users can post payments at the same time. The user may get a warning if trying to post something at the exact same time as another user. The system will stop one of them.

Adjustments

To make Adjustments, select **Billing** | **Payments / Adjustments**. Toggle between those options using the tabs on the side of the window.


ADJUSTMENT FOR : Abbott, Charles [10000001] [- Active]
Last Name
Adjustment Information
Adjustment Date 11/12/2013
Acct. Type
Adjustment Type Miscellaneous Adjustment
Facility PT Main Facility
Type Credit Adjustment (Decrease Balance) Debit Adjustment (Increase Balance)
Comments
Amount 0.00
Account Balance Summary
Balance : 30.00 Pat Bal : 0.00
Ins Bal : 30.00 Unapplied Bal : 20.00
Automatic Distribution Manual Distribution
Merchant Payment
Choose a Merchant
Service Date CPT* Code Description Adj.Amt Balance Total Chg-Allow Allowed Exp. Ins Co-Pay Ins.Pd Pat.Pd
11/12/2013 2 2 0.00 50.00 50.00 0.00 50.00 30.00 20.00
Totals : $0.00 $50.00 $50.00
Edit Filter
Distributed 0.00 Undistributed 0.00
Account Payment
Insurance Payment
Adjustment

Select the **Adjustment Tab** to make adjustments to a patient's account. In the **Adjustment Information** area, use the drop-down list to select the **Adj. Date**. Select the **Adj. Type** and review the **Acct. Type**. Select the desired **Facility**. Select either **Credit Adjustment** or **Debit Adjustment**. Enter any applicable comments in the **Comments** field. Enter the **Amount** of the payment.

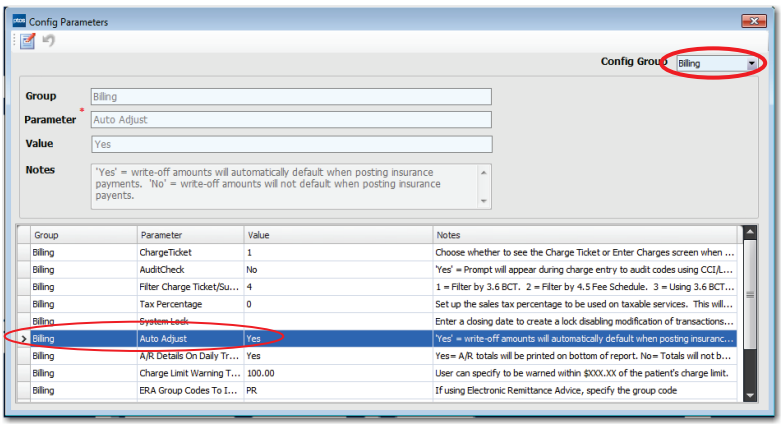
Select **Automatic Distribution** or **Manual Distribution** to disperse payment. **Manual Distribution** allows you to enter the payments and amounts as you like.

Unapplied Payments are payments or adjustments that have been made but not attached to transactions.

Default Adjustment Group and Reason Code

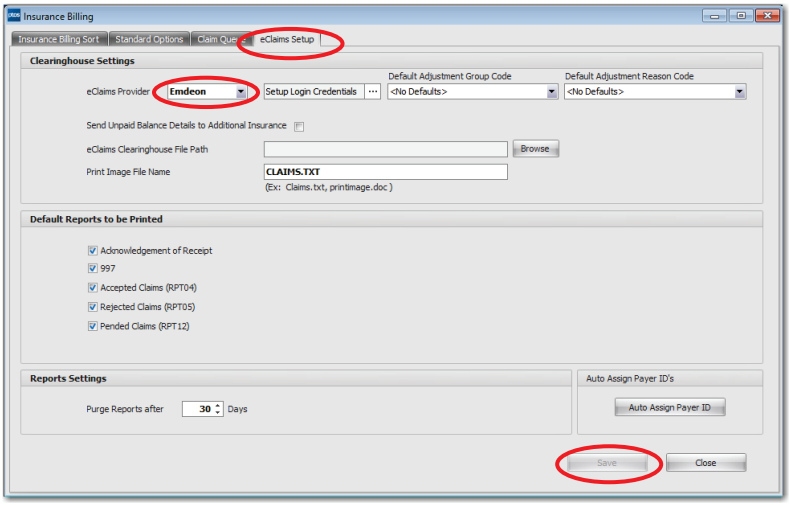
The default Adjustment Group Code and Reason Code will now default when using the Auto Adjust feature in Config Parameters.

1) To set the Auto Adjust feature go to **System Tasks** | **Supervisor** | **Config Parameters**. On the upper right-hand-side select **Billing**. In the lower table select **Billing** | **Auto Adjust** | **Yes**. Select **Edit** to change the appropriate value of Yes or No.


Config Parameters
Config Group
Billing
Group
Billing
Parameter
Auto Adjust
Value
Yes
Notes
'Yes' = write-off amounts will automatically default when posting insurance payments. 'No' = write-off amounts will not default when posting insurance payents.
Group
Parameter
Value
Notes
Billing ChargeTicket 1 Choose whether to see the Charge Ticket or Enter Charges screen when ...
Billing AuditCheck No 'Yes' = Prompt will appear during charge entry to audit codes using CCI/L...
Billing Filter Charge Ticket/Su... 4 1 = Filter by 3.6 BCT. 2 = Filter by 4.5 Fee Schedule. 3 = Using 3.6 BCT...
Billing Tax Percentage 0 Set up the sales tax percentage to be used on taxable services. This will...
Billing System Lock Enter a closing date to create a lock disabling modification of transactions...
Billing Auto Adjust Yes 'Yes' = write-off amounts will automatically default when posting insuranc...
Billing A/R Details On Daily Tr... Yes Yes= A/R totals will be printed on bottom of report. No= Totals will not b...
Billing Charge Limit Warning T... 100.00 User can specify to be warned within $XXX.XX of the patient's charge limit.
Billing ERA Group Codes To I... PR If using Electronic Remittance Advice, specify the group code

2) To set the default Adjustment Group Code and Reason Code, go to **Billing** | **Insurance Billing** | **eClaims Setup** tab.

   The eClaims Provider must be set to Emdeon®. This feature is **NOT** available to those using 'Other' clearinghouses. To the right there are two drop-down fields. This is where the Default Adjustment Group Code and Default Adjustment Reason Code are set. Click **Save**.

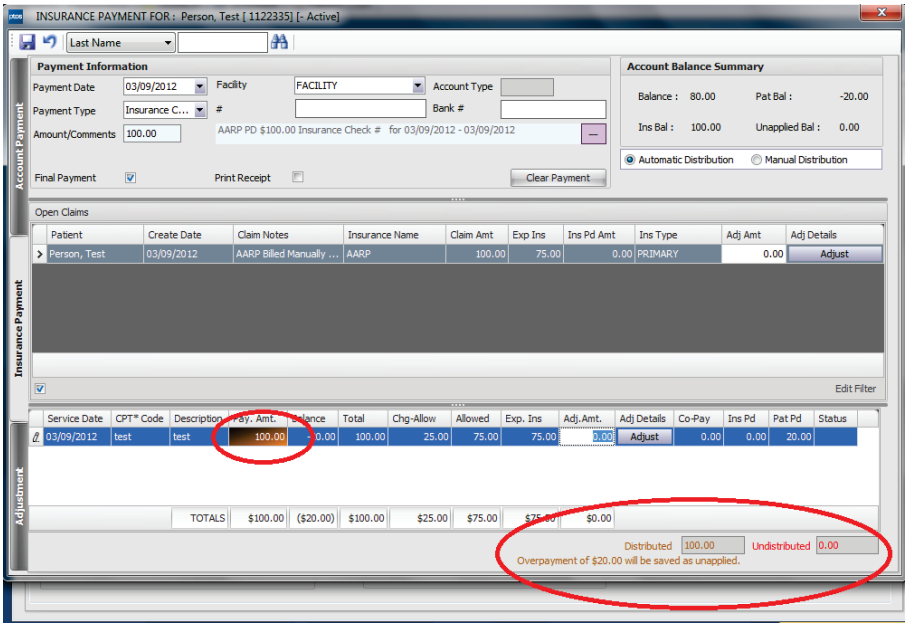


3) Now when making adjustments through the Insurance Payments and/or Bulk Payment windows, these codes and adjustment amounts will be defaulted. The user can change the defaults if necessary, or simply save the payment if all the defaults are correct.

Insurance Payment Windows

Payments with an amount greater than the balance can now be made in both the bulk and regular insurance payment windows. Visual indicators have been added to warn you when an overpayment is applied.

In the top grid, the Ins Pd Amt field turns orange with a tooltip to indicate any previous overpayments already saved for that claim. In the bottom grid, the Pay Amt field turns orange with a tooltip indicating the overpayment amount for that particular charge. In addition, orange text detailing the overpayment amount appears at the bottom of the window near the distribution fields.

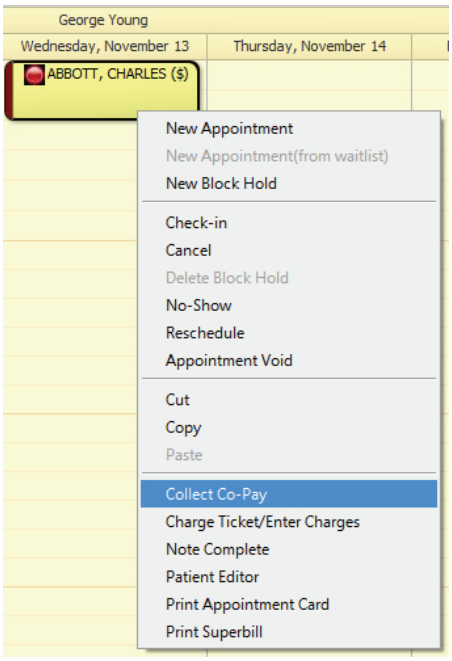


Example: *A full insurance payment has been made on a claim where the patient has already made a $20.00 payment. In this case, the $20.00 patient payment is moved to unapplied so that the entire $100.00 insurance payment can be distributed to the claim.*

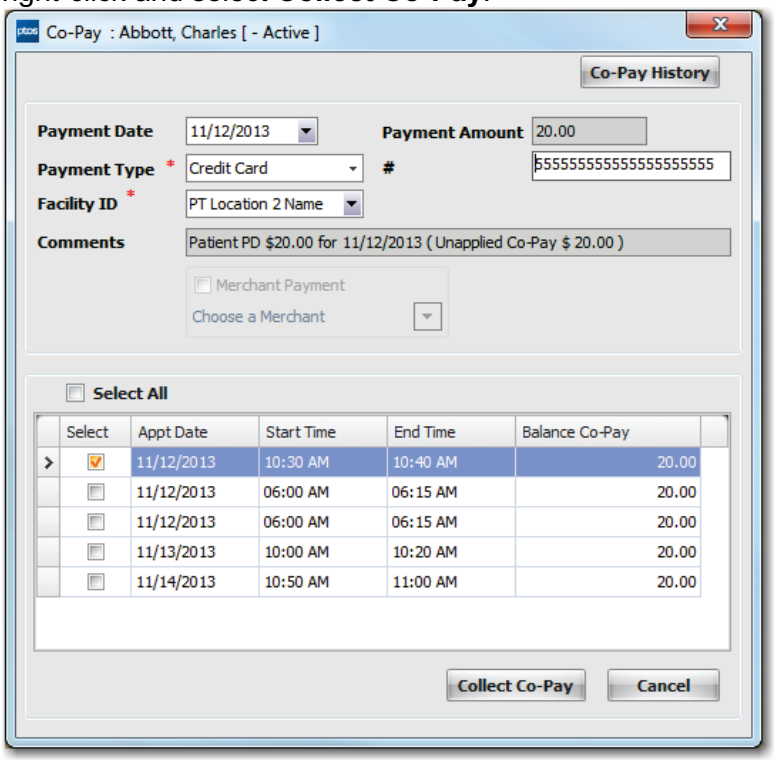
X-Charge Electronic Payment Processing

To sign up for X-Charge Electronic Payment Processing services, contact our eServices team at 800.824.4305 to enroll.

Introducing **X-Charge** - a complete electronic payment processing system that is now fully integrated with **PTOS 5.6**. To create a patient refund or other debit adjustment, selec the Adjustments tab. Under **Merchant Payment**, select the drop-down arrow to use either the **Credit**, **Debit** or **E-Check** radio button.



To collect an **X-Charge Co-pay** payment from the **Schedule**, right-click and select **Collect Co-Pay**.



In the **Co-Pay** window, select the payment type and **Merchant Payment** information. Use your card reader as directed and follow the prompts. Select the **Collect Co-Pay** button to complete the transaction.

System Voids on Overpayments

In order to make automatic entries easier to locate on reports, these overpayments will now display with the same date as the original transaction.

Note: *Any transactions that you void from the cogwheel will still post on the date in which the void was made based.*

For example: Patient A comes in for treatment on 8/01/12.
That treatment adds up to $100.
The patient pays $50 on 8/01/12 toward that treatment.

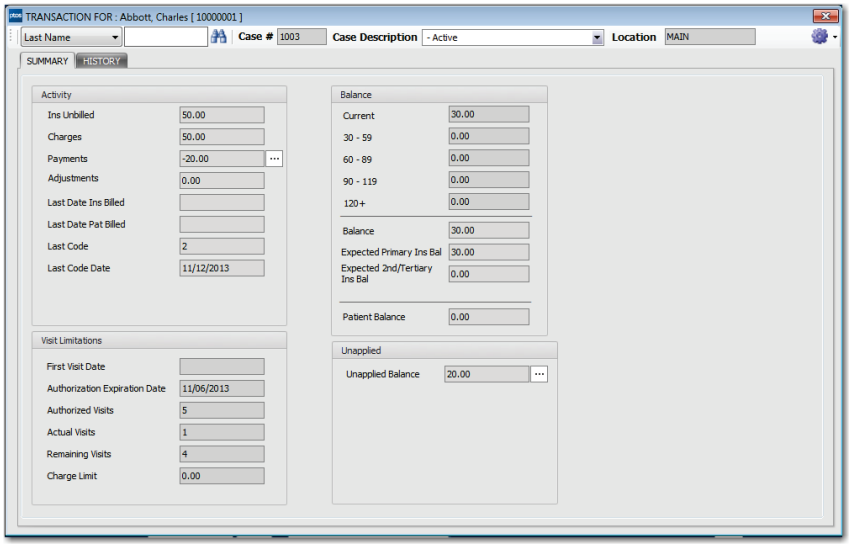
Insurance then sends a check on 8/15/12 for the full $100.
The system will post the $100 insurance check to the services.
The $50 patient payment will get moved to unapplied.
The $50 unapplied patient payment AND the system Void will be posted on 8/01/12.

Note*: We also recommend that you do NOT backdate PTOS from the login screen to make it easier to find any voids or re-entries that you made in your system.*

Patient Transactions

Summary Tab

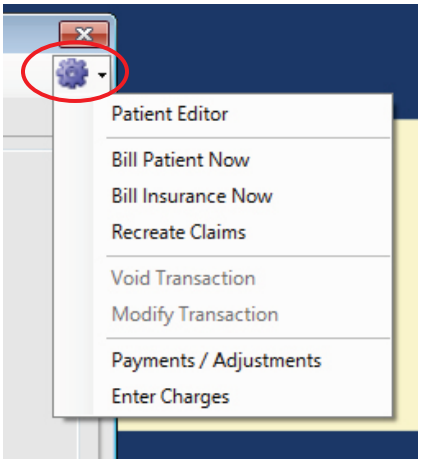
Select **Patient Transactions** under **Billing** | **Patient Transactions**. In the **Summary** tab, review a quick overview of a selected account.



Select a patient by using the patient search. Under **Case Description**, select the desired case from the drop-down list. Review the **Location**.

- Under Activity, review **Ins Unbilled, Charges, Payments, Adjustments, Last Date Ins Billed, Last Date Pat Billed, Last Code** and **Last Code Date**.
- Under Visit Limitations, review **First Visit Date, Authorization Expiration Date, Authorized Visits, Actual Visits, Remaining Visits** and **Charge Limits**.
- Under Balance, review the **Current, 30-59, 60-89, 90-119 and 120+ balances, Expected Primary Ins Bal, Expected 2nd/Tertiary Ins Bal** and **Patient Balance**.
- Under Unapplied, review the **Unapplied Balance**.
- Use the Cogwheel to access an additional menu.

Cogwheel



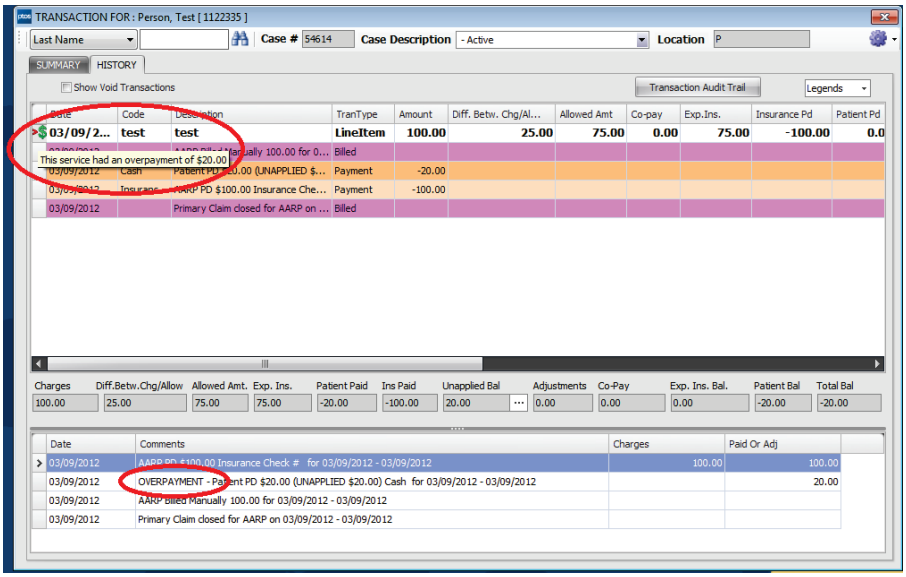
Select the Cogwheel icon in the upper right corner to access an additional menu. Through Cogwheel, you can access:

- **Patient Editor** – Open the Patient Editor for the selected patient.
- **Bill Patient Now** – Generate a patient statement.
- **Bill Insurance Now** – Generate a patient claim.
- **Recreate Claims** – Recreate a closed claim for the selected patient.
- **Void Transaction** – Nullify the selected transaction.
- **Modify Transaction** – Edit the selected transaction.
- **Payments/Adjustments** – Access the Payments/Adjustments window.
- **Enter Charges** – Enter charges to the patient's account.

Overpayments - Patient Transactions

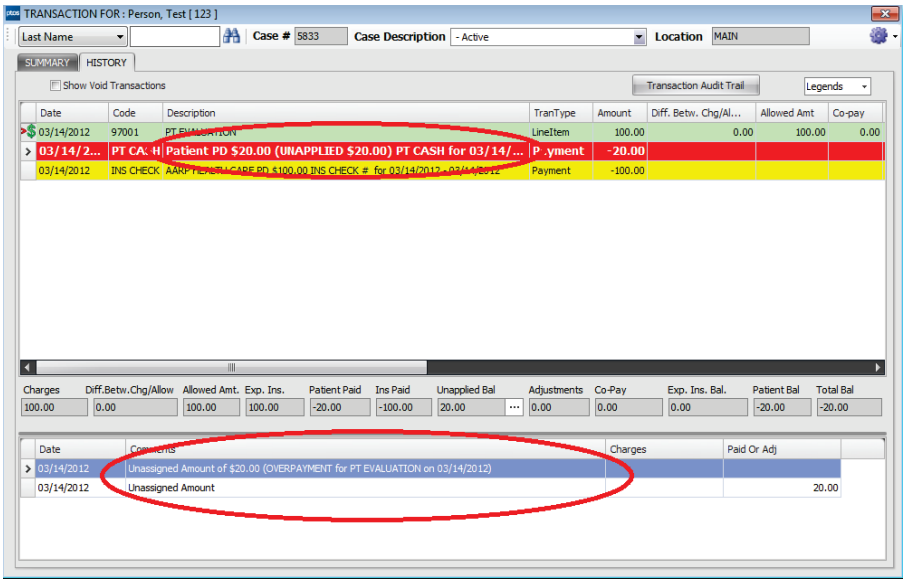
An icon displays in the transaction history screen next to any charge that has an overpayment. A tooltip on the icon also displays the overpayment amount when you hover your computer mouse over the icon.

When a charge with an overpayment is highlighted in the top grid, the detail grid at the bottom of the window shows any overpaid amounts with the text OVERPAYMENT in front of the description. These OVERPAYMENT amounts are no longer applied to the charge.


TRANSACTION FOR : Person, Test [1122335]
Last Name
Case # 54614
Case Description - Active
Location P
SUMMARY
HISTORY
Show Void Transactions
Transaction Audit Trail
Legends
Date Code Description TranType Amount Diff. Betw. Chg/Al... Allowed Amt Co-pay Exp.Ins. Insurance Pd Patient Pd
03/09/2... test test LineItem 100.00 25.00 75.00 0.00 75.00 -100.00 0.0
This service had an overpayment of $20.00
Billed
03/09/2012 Cash Payment -20.00
Payment -100.00
03/09/2012 Primary Claim closed for AARP on ... Billed
Charges Diff.Betw.Chg/Allow Allowed Amt. Exp. Ins. Patient Paid Ins Paid Unapplied Bal Adjustments Co-Pay Exp. Ins. Bal. Patient Bal Total Bal
100.00 25.00 75.00 75.00 -20.00 -100.00 20.00 0.00 0.00 0.00 -20.00 -20.00
Date Comments Charges Paid Or Adj
03/09/2012 100.00 100.00
03/09/2012 OVERPAYMENT - Patient PD $20.00 (UNAPPLIED $20.00) Cash for 03/09/2012 - 03/09/2012 20.00
03/09/2012 AARP Billed Manually 100.00 for 03/09/2012 - 03/09/2012
03/09/2012 Primary Claim closed for AARP on 03/09/2012 - 03/09/2012

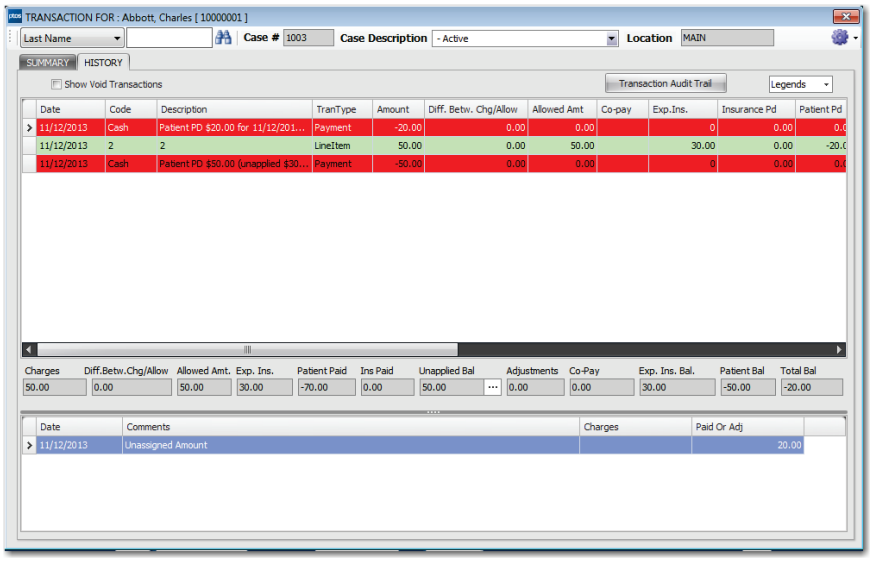
Example: *The unapplied $20.00 patient payment becomes an unapplied overpayment amount.*

When a credit that was fully or partially moved to an unapplied overpayment is highlighted in the top grid, the detail grid at the bottom of the window shows the service code and the date of service the credit was removed from.


TRANSACTION FOR : Person, Test [123]
Last Name
Case # 5833
Case Description - Active
Location MAIN
SUMMARY HISTORY
Show Void Transactions
Transaction Audit Trail
Legends
Date Code Description TranType Amount Diff. Betw. Chg/Al... Allowed Amt Co-pay
03/14/2012 97001 PT EVALUATION LineItem 100.00 0.00 100.00 0.00
03/14/2... PT CA: H Patient PD $20.00 (UNAPPLIED $20.00) PT CASH for 03/14/... P .yment -20.00
03/14/2012 INS CHECK AARP FLEXI/CARE PD $100.00 INS CHECK # for 03/14/2012 - 03/14/2012 Payment -100.00
Charges Diff.Betw.Chg/Allow Allowed Amt. Exp. Ins. Patient Paid Ins Paid Unapplied Bal Adjustments Co-Pay Exp. Ins. Bal. Patient Bal Total Bal
100.00 0.00 100.00 100.00 -20.00 -100.00 20.00 0.00 0.00 0.00 -20.00 -20.00
Date Comments Charges Paid Or Adj
03/14/2012 Unassigned Amount of $20.00 (OVERPAYMENT for PT EVALUATION on 03/14/2012)
03/14/2012 Unassigned Amount 20.00

Example: *The now unapplied $20.00 patient payment shows that it was once paid on the PT EVALUATION charge.*

History Tab


TRANSACTION FOR : Abbott, Charles [10000001]
Last Name
Case # 1003
Case Description - Active
Location MAIN
SUMMARY HISTORY
Show Void Transactions
Transaction Audit Trail
Legends
Date Code Description TranType Amount Diff. Betw. Chg/Allow Allowed Amt Co-pay Exp.Ins. Insurance Pd Patient Pd
11/12/2013 Cash Patient PD $20.00 for 11/12/201... Payment -20.00 0.00 0.00 0 0.00
11/12/2013 2 2 LineItem 50.00 0.00 50.00 30.00 0.00
11/12/2013 Cash Patient PD $50.00 (unapplied $30... Payment -50.00 0.00 0.00 0 0.00
Charges Diff.Betw.Chg/Allow Allowed Amt. Exp. Ins. Patient Paid Ins Paid Unapplied Bal Adjustments Co-Pay Exp. Ins. Bal. Patient Bal Total Bal
50.00 0.00 50.00 30.00 -70.00 0.00 50.00 0.00 0.00 30.00 -50.00 -20.00
Date Comments Charges Paid Or Adj
11/12/2013 Unassigned Amount 20.00

Select the **History** tab to view patient transactions by date. This screen is a more detailed overview of the patient account including:

- **Date** – The date of the transaction
- **Code** – The code billed on the transaction date
- **Description** – The description of the code
- **TranType** – The transaction type
- **Amount** – The price attached to the code

- **Allow Amount** – The amount expected to be paid by the insurance company attached
- **Diff Between Chg/Allowed Amt** –The difference between the amount charged and the amount allowed by insurance
- **Co-pay** – The patient's co-pay amount
- **Expected Ins** – The patient's expected insurance amount
- **Insurance Paid** – The amount paid by the insurance company
- **Patient Paid** – The amount paid by the patient
- **Adjustments** – Any adjustments that have been applied
- **Balance** – The current balance of the case
- **AT –** Account Type
- **PT –** Therapist
- **Visit** – Identifies appointments that qualify as visits
- **Unit** – The number of units
- **DX** – Diagnosis
- **Facility** – The name of the treating facility
- **POS –** Place of Service
- **Status –** The current account condition
- **Modifier –** Modifier
- **Claim #** – The number associated with the claim
- **User –** The person responsible for making entries.
- **Edit date** – The date that edits were made to the transaction

Select the checkbox **Show Void Transactions** to include voided information in the transaction history.

Select the **PTOS 3.6 Transactions** button to view an overview of transactions from the previous version of PTOS.

Select the **Transaction Audit Trail** button to view a report of transactions for the selected account.

Use the **Legends** drop-down arrow to identify the color code for each transaction type.

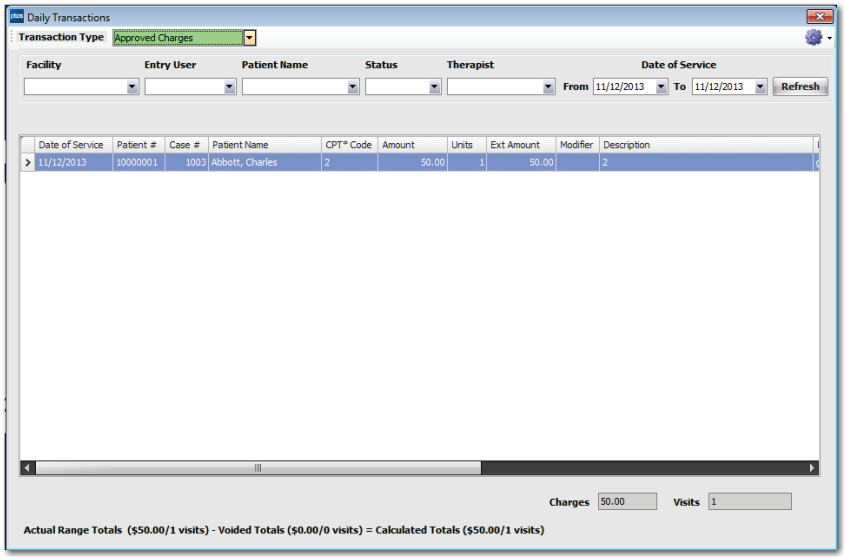
Selecting a transaction from the upper pane displays details in the lower pane. To edit a line item, double-click and modify the information on the right.

Use the Cogwheel to access a menu of options. See the above section for more information on the cogwheel menu.

Daily Transactions (Charges)

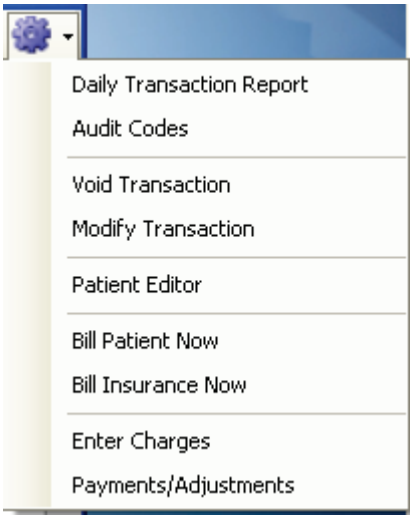
A window will be available where you can approve charges entered in Charge Ticket within the system to post entered charges to patients' accounts. Once the charges are approved, they are ready for insurance and/or patient billing. Also, when accessed from **Billing** | **Daily Transactions**, you can see different **Transaction Types**: **Approved Charges**, **UnApproved Charges**, **Payments**, and **Adjustments**.

Approved Charges



After selecting the **Transaction Type Approved Charges**, select the **Facility ID**, **Entry User, Patient Name, Status** and **Therapist**. Select the desired **Date of Service**. Select **Refresh**. Use the Cogwheel to access an additional menu of options.

Cogwheel



Daily Transactions Report – Select this option to generate the Daily Transactions report.

Void Transaction – Nullify the selected transaction.

Modify Transaction – Edit the selected transaction.

Patient Editor – Open the Patient Editor for the selected patient**.**

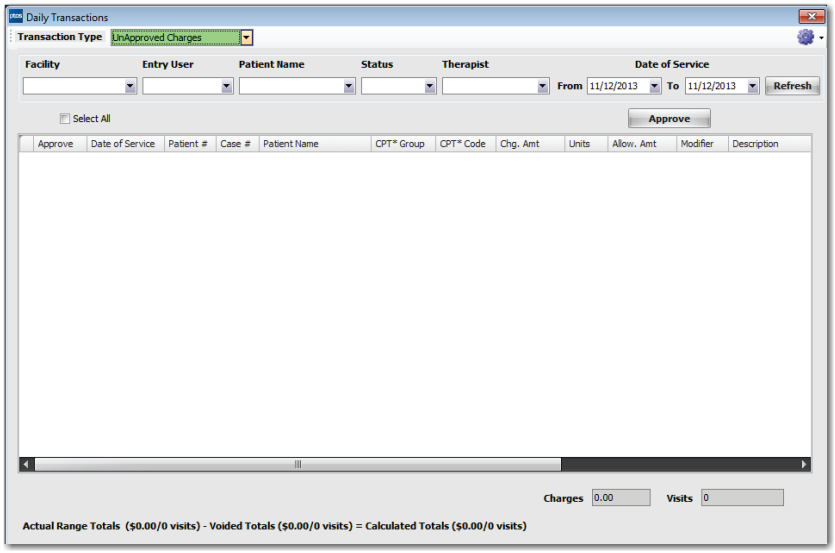
Bill Patient Now – Generate a patient statement.

Bill Insurance Now – Generate a patient claim.

Enter Charges – Enter charges to the patient's account.

Payments/Adjustments – Access the Payments/Adjustments window.

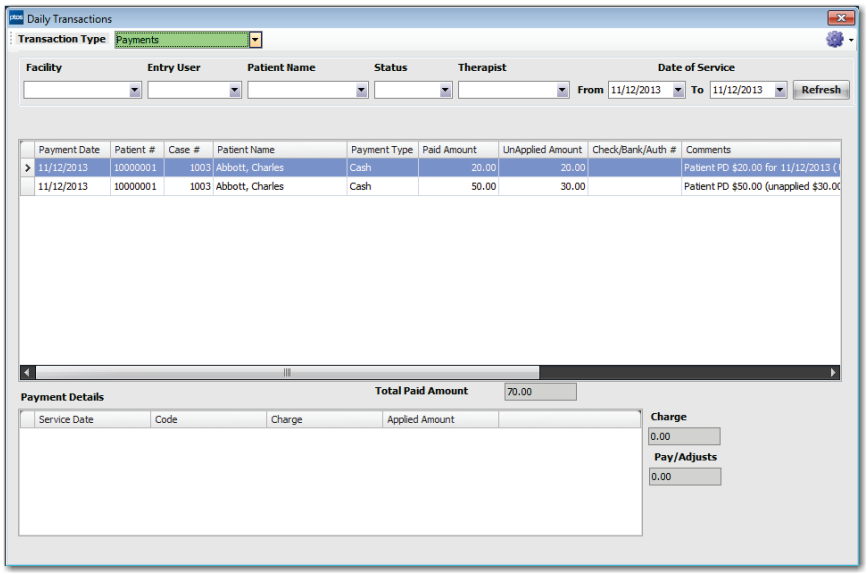
UnApproved



After selecting the **Transaction Type UnApproved Charges**, select the **Facility ID**, **Entry User, Patient Name, Status** and **Therapist**. Select the desired **Date of Service**. Select **Refresh**. Use the **Select All** checkbox to select all available transactions. To approve a charge, select the **Approve** button.

Use the **Cogwheel** to access an additional menu of options. See **Approved Charges** for more information on the **Cogwheel** options.

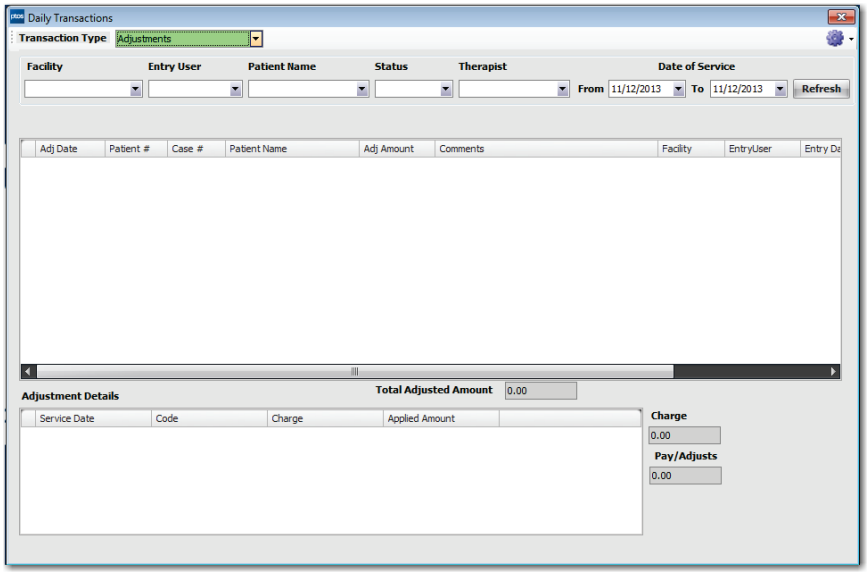
Payment



After selecting the **Transaction Type Payments**, select the **Facility ID**, **Entry User, Patient Name, Status** and **Therapist**. Select the desired **Date of Service**. Select **Refresh** to update the transaction screen. In the **Payment Details** area, enter **Charge** and **Pay/Adjusts** desired for the selected transaction.

Use the **Cogwheel** to access an additional menu of options. See **Approved Charges** for more information on the **Cogwheel** options.

Adjustment



After selecting the **Transaction Type Adjustments**, select the **Facility ID**, **Entry User, Patient Name, Status** and **Therapist**. Select the desired **Date of Service**. Select **Refresh** to update the transaction screen. In the **Adjustment Details** area, enter **Charge** and **Pay/Adjusts** desired for the selected transaction.

In the **Date of Service** area**,** today's date defaults as the **Entry From** and **To** dates. You can leave all filters blank with only a date range specified and **Refresh**.

Double-click on a charge to edit it. A message will be included to run **CCI /LCD AUDITS** (if this option has been setup in Config Parameters).

Charges are now ready for **Insurance** and/or **Patient Billing**. Accounts Receivable is automatically updated.

A different **Cogwheel** icon Menu is available from this window: **Daily Transaction Report**, **Audit Codes, Void Transaction, Modify transactions, Patient Editor**, **Bill Patient Now**, **Bill Insurance Now**, **Enter Charges**, **and Payments/Adjustments**.

Charges created from the Enter Charges screen will be automatically approved.

Use the **Cogwheel** to access an additional menu of options. See **Approved Charges** for more information on the **Cogwheel** options.

CCI/LCD Audits

For More Information on CCI and LCD data, go to www.cms.hhs.gov.

During the Approve Charges process outlined above, you have the option to run **CCI/LCD Audits**. The **CCI Audits** are updated quarterly by CMS. **LCD Audits** are determined locally by financial intermediaries. Multiple CCI or LCD Audits can be set up and

attach to the **Account Type** and the insurance company. This allows the system to handle different allowances for states, regions, etc.

CCI Audits

In the **Cogwheel**, select **Audit Codes**. This audit looks for conflicting C.P.T. codes that should not be billed together and gives you the opportunity to edit the charge and/or add a **Modifier**.

LCD Audit

LCD Audits can be run simultaneously with the **CCI Audit**. The LCD Audit is a check to ensure that C.P.T. codes and DX codes are payable when billed together. If there is a conflict, the audit will warn you that the C.P.T. Code will not be paid with that DX code. You can modify the code from this screen and run the audit again to make sure it passes.

Void a Transaction

Void a transaction that was entered incorrectly by removing the charge. In the Daily Transactions or Patient Transactions screen, select the Void Transaction from the Cogwheel menu

- **Void a Charge** – Select the **Charge** that needs to be removed and **void** the entry. AR totals will automatically recalculate based upon this change. Charges that have payments and adjustments posted cannot be voided.
- **Void an Adjustment** – Select the **Adjustment** that needs to be removed and void the entry. AR totals will automatically recalculate.
- **Void a Payment** – Select the **Payment** that needs to be removed and void the entry. AR totals will automatically recalculate.

Applying Co-pay

Most patients must pay a Co-pay upon arrival for their appointment. There are two ways to post a Co-pay in the system.

- **Unapplied Amounts** – Select **Scheduler** on the PTOS Menu Bar. All appointments with Co-pays will be available and you can pay any amount. Those amounts are considered unapplied amounts. **Unapplied** amounts can be applied to all transactions. This method is the quickest and easiest way to post the Co-pay and provide the patient with a receipt showing the Co-pay was posted to their account.
- **Default to Co-Pay** – In the **Payments/Adjustments** tab, make an account payment. Payments will default to pay Co-Pay first before applying payments to other services.

Auto-calculating Accounts Receivable

Accounts Receivable automatically calculates after changes have been made so that all reports and account balances are correct.

- **Patient Editor** | **Patient Case** | **Acct Type**
- **Patient Editor** | **Bill tab** | **Co-Pay**
- **Billing** | **Patient Transactions** | **Transaction History** | **for Voiding or Modifying Transactions**

Account Aging

Accounts age daily from the **Date of Service** date in the patient's account.

Inactive Accounts

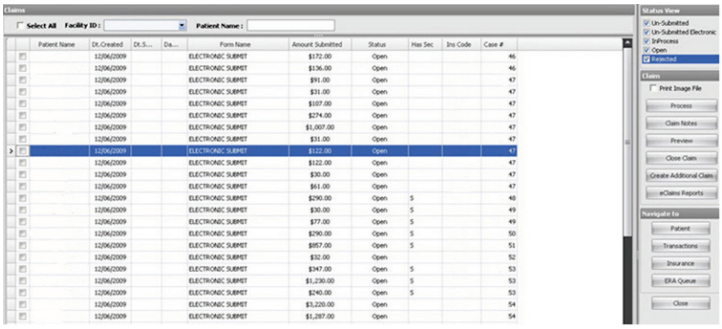
When entering transactions for an **Inactive** patient, a prompt appears allowing you to reactive the selected patient.

Date Range Information

Date range information has been added to the statement billed line in the **Transaction History** window for each individual statement.

Claims

View Claim status in the Claims window. Select **Billing** | **Claims** to view. Select the **Facility**.



In the Claims status view drop-down menu, select from the following options:

- Un-Submitted
- Un-Submitted Electronic
- InProcess

- Open
- Rejected

Once you have selected the claim status, mark the desired claims and select from the following options:

Print Image File – Select this option to capture a copy of the electronic claim.

Process – Select this option to submit claims to insurance companies.

Note: Claim Notes can only be added to one claim at a time.

Claim Notes – Select this option to add and view notes associated with the selected claim.

Preview – Select this option to preview the selected claim prior to submitting.

Close Claim – Select this option to close the highlighted and selected claims.

Create Additional Claim – Select this option to create another claim based off of the selected claim.

eClaims Reports – Select this option to manually retrieve eclaims reports from the clearinghouse.

Sort columns by selecting the column heading.

Use the quick navigate buttons to launch the following windows:

- Patient
- Transactions
- Insurance
- ERA Queue

Select **Close** to exit the Claim window.

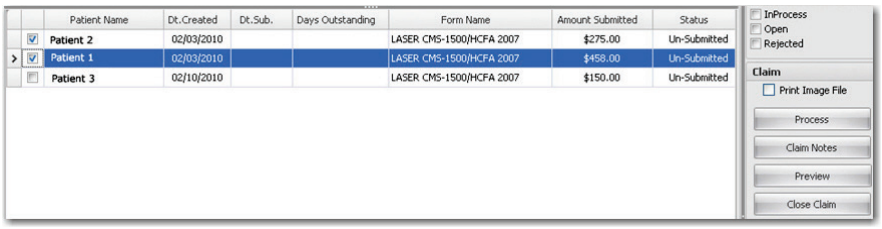
Multiple Open Claims

When submitting multiple claims for a particular patient, it is important to note that multiple open claims may have an effect on your patient balance totals. These totals may appear artificially inflated due to the way in which claims are estimated.

Select and Close Multiple Claims from the Claim Queue

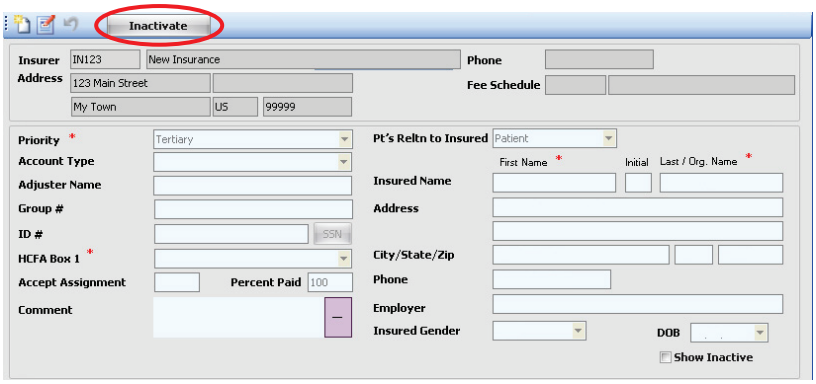
Multiple claims may now be closed at one time in the Claim Queue through **Billing** | **Claims**.

Check all the claims that are to be closed and click the Close Claim button. The Closing Insurance Claim window will appear for each claim, prompting the user on how to handle additional insurance or adjustments once the claim is closed.



Close Claim from Patient Editor

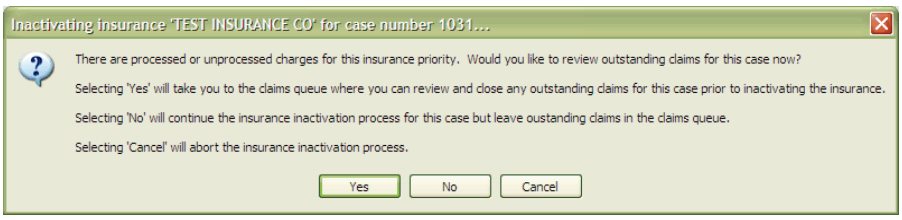
When inactivating insurance, if there are outstanding claims for this insurance, the user will be taken to the Claim Queue to close the claims. After reviewing and closing the claims, the user must close the Claim Queue and then will return to the patient insurance window to complete the insurance inactivation. This happens from **Patient Editor** | **Insurance Tab**; select insurance and choose the Inactivate button.



Change the Patient's Insurance, but Leave Current Claims Open

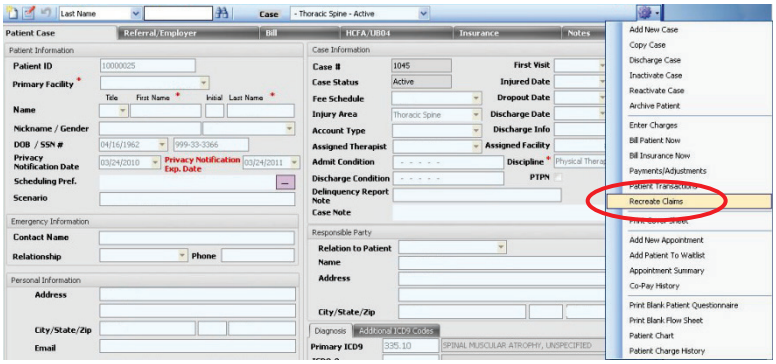
If Inactivate is selected and there are open claims or unprocessed charges for this insurance, a new warning will appear.

- 'Yes' will take you to the claims queue where you can review and close any outstanding claims for this case prior to inactivating the insurance.
- 'No' will continue the insurance inactivation process for this case but will leave outstanding claims in the claims queue.
- 'Cancel' will abort the insurance inactivation process.

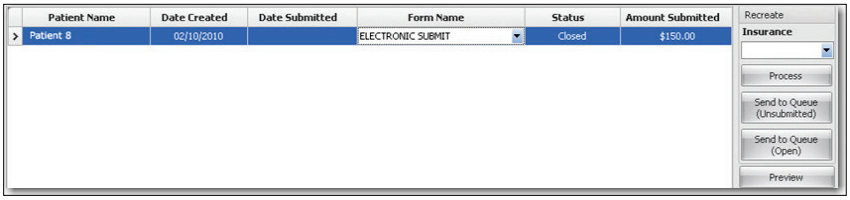

Inactivating insurance 'TEST INSURANCE CO' for case number 1031...
There are processed or unprocessed charges for this insurance priority. Would you like to review outstanding claims for this case now?
Selecting 'Yes' will take you to the claims queue where you can review and close any outstanding claims for this case prior to inactivating the insurance.
Selecting 'No' will continue the insurance inactivation process for this case but leave oustanding claims in the claims queue.
Selecting 'Cancel' will abort the insurance inactivation process.
Yes
No
Cancel

Recreate a Claim without having to Submit it for Processing (Electronic or Print)

When the user chooses to recreate a claim, he/she now has the option to 'Send to Queue (Open)'. This option is available from the Recreate Claims window. To get to the Recreate Claims window, go to **Patient Editor** | **Cogwheel** | **Recreate Claims.**



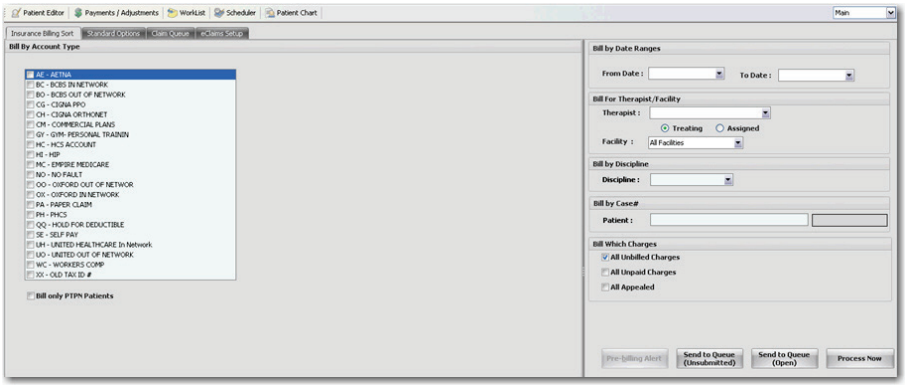
This option is for all types of claims (Primary, Secondary, etc.) and will be sent directly to the Claims Queue as 'Open' status.



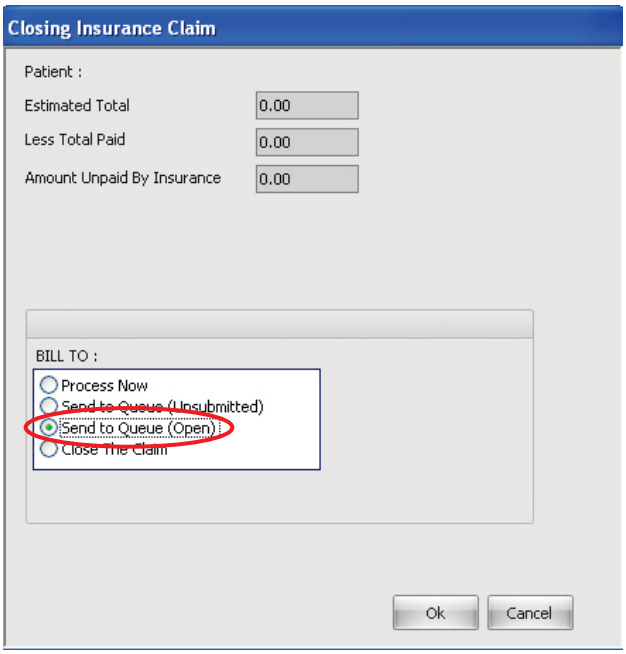
Create a New Claim without having to Submit it for Processing (Electronic or Print)

When the user chooses to create a new claim, there is now the option to Send to Queue (Open). This option is available from three locations, the Insurance Billing Sort Tab (Option #1 - below), from the Close Claim window (Option #2 - below), and from the Create Additional Claims window (Option #3 - below).

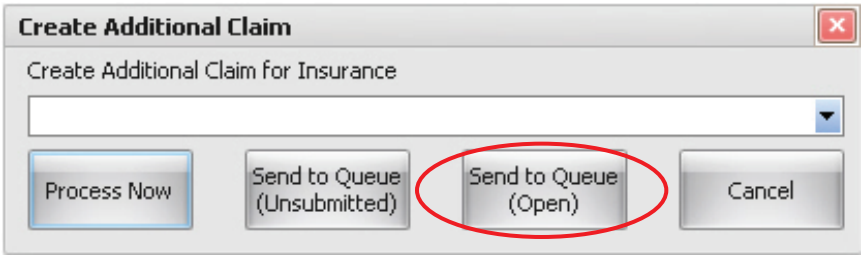
Option #1



Option #2



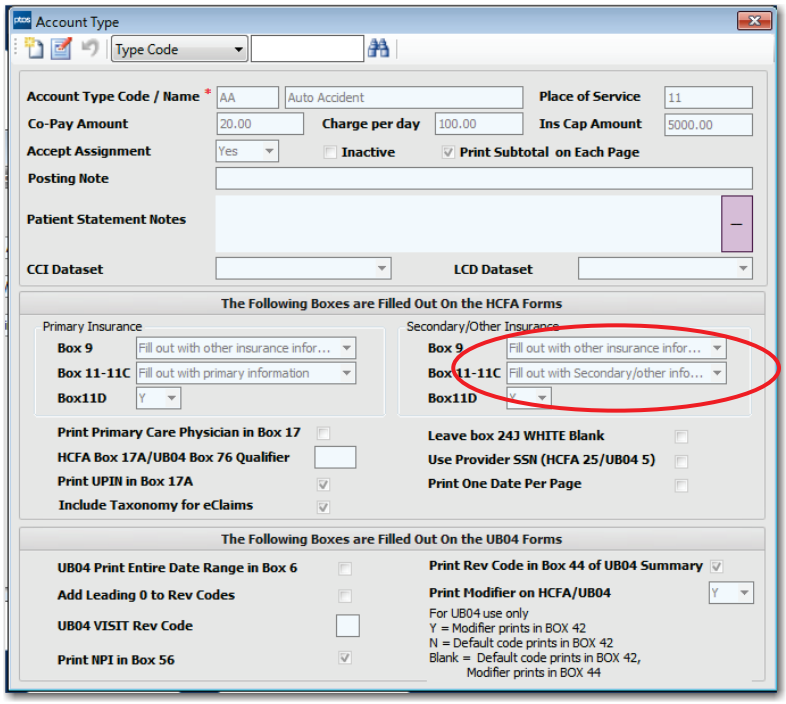
Option #3



HCFA Box 11A-C Secondary Claim

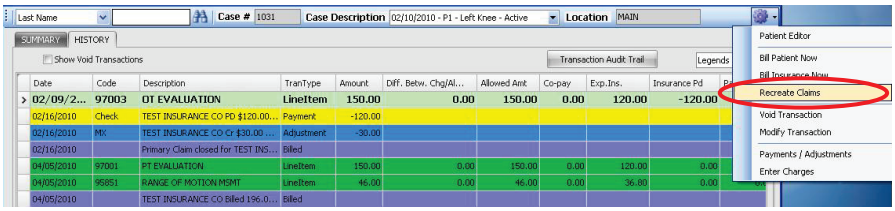
PTOS allows several options for how to populate HCFA boxes 9 and 11A-C. There is also the option that allows the user to print

primary insurance information in boxes 11A-C on secondary claims and also provides the option to leave box 9 blank. To set this option, go to **System Tasks** | **Update Lists** | **Account Types.**


Account Type
Type Code
Account Type Code / Name *
AA
Auto Accident
Place of Service
11
Co-Pay Amount
20.00
Charge per day
100.00
Ins Cap Amount
5000.00
Accept Assignment
Yes
Inactive
Print Subtotal on Each Page
Posting Note
Patient Statement Notes
CCI Dataset
LCD Dataset
The Following Boxes are Filled Out On the HCFA Forms
Primary Insurance
Box 9
Fill out with other insurance infor...
Box 11-11C
Fill out with primary information
Box11D
Secondary/Other Insurance
Box 9
Fill out with other insurance infor...
Box 11-11C
Fill out with Secondary/other info...
Box11D
Print Primary Care Physician in Box 17
HCFA Box 17A/UB04 Box 76 Qualifier
Print UPIN in Box 17A
Include Taxonomy for eClaims
Leave box 24J WHITE Blank
Use Provider SSN (HCFA 25/UB04 5)
Print One Date Per Page
The Following Boxes are Filled Out On the UB04 Forms
UB04 Print Entire Date Range in Box 6
Add Leading 0 to Rev Codes
UB04 VISIT Rev Code
Print NPI in Box 56
Print Rev Code in Box 44 of UB04 Summary
Print Modifier on HCFA/UB04
For UB04 use only
Y = Modifier prints in BOX 42
N = Default code prints in BOX 42
Blank = Default code prints in BOX 42, Modifier prints in BOX 44

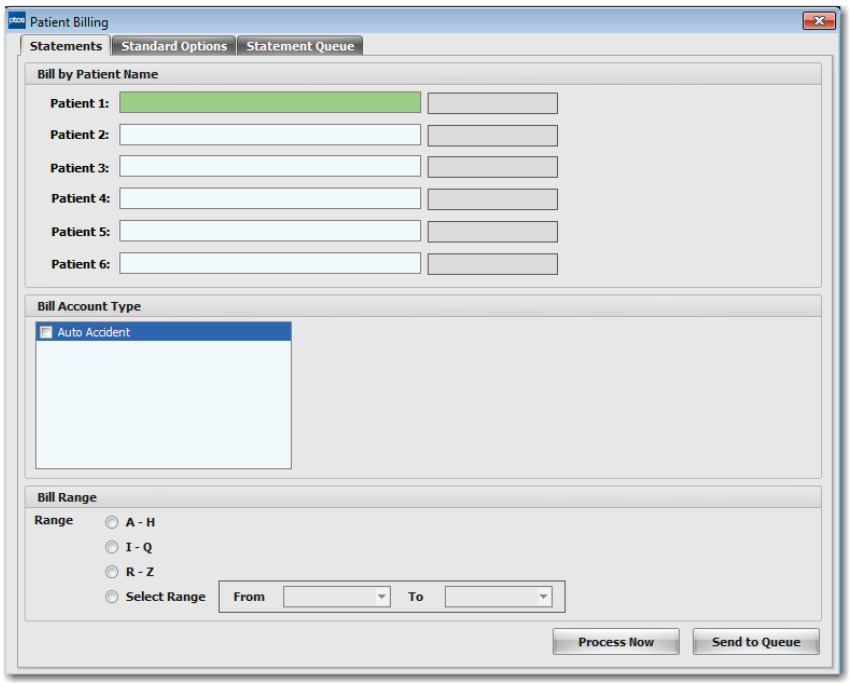
Recreate a Secondary Claim without having to Recreate the Primary Claim

Offices may have the need to recreate or reprocess a secondary or additional claim without having the need to first recreate the primary claim. PTOS 6.0 allows users to skip the step of recreating the primary. From the Recreate Claims window, users can highlight the secondary or additional claim and choose to recreate it. This occurs under **Billing** | **Patient Transactions**, then access the Cogwheel to Recreate a Claim. This can also be opened from **Patient Editor** | **Cogwheel** | **Recreate Claims**.



Patient Billing

Under the **Billing** menu, select **Patient Billing** to create an individual or batch of billing statements.



In the **Bill by Patient Number** section, enter individual patient numbers to generate up to six individual statements for patients.

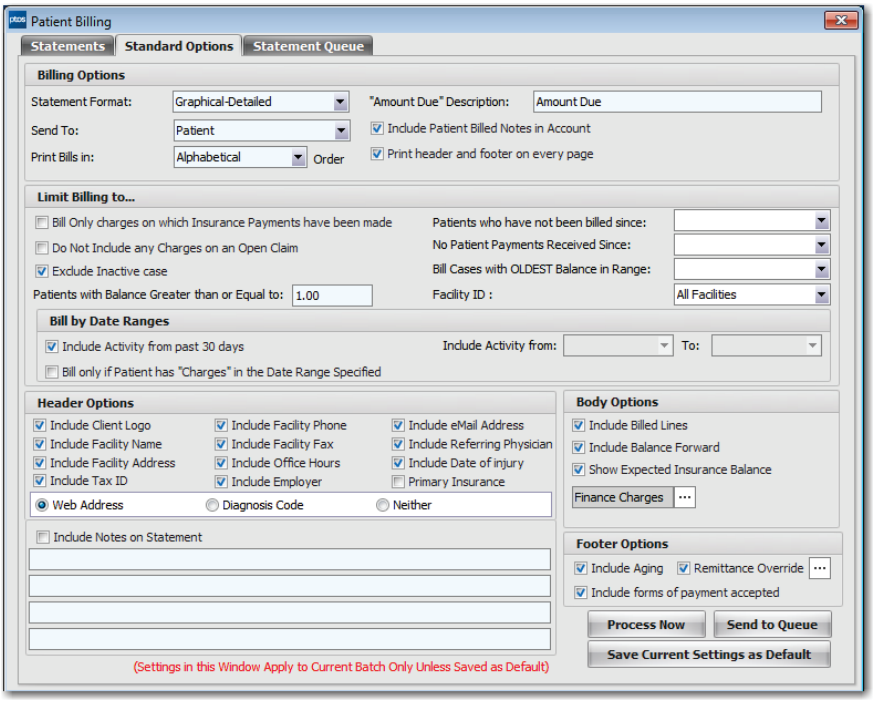
In the **Bill Account Type** section, select the **Account Type** checkbox.

In the **Bill Range** section, select the alphabetic range for patients or manually enter an alphabetic range for selecting patients.

Select **Process Now** to begin processing Statements.

Select **Send to Queue** to send the statements to the Statement Queue.

Standard Options



In the **Standard Options** tab, select your statement options. Under **Billing Options**, select **Statement Format** – **Graphical-Detailed**, **Detail with Co-pay** or **Graphical-Summary**.

Use the drop-down menu to select from the available **Send To** options: **Patient** or **Responsible Party**. Use the drop-down menu to select the **Print Bills In** either **Alphabetical** or **Numeric** order.

Enter the **Amount Due Description** if desired. This is a free-form entry field. Anything entered into this field will be printed on statements.

Select the checkbox **Include Patient Billed Notes in Account** to add the billed notes to the current batch of statements.

Select the checkbox **Print header and foother on every page** if desired. Leaving this option deselected will print the header on the first page only and the footer on the last page only.

Under Limit Billing to, select from the available options:

- Bill only Charges on which Insurance Payments have been made.
- Do Not Include any Charges on an Open Claim.
- Exclude Inactive case.

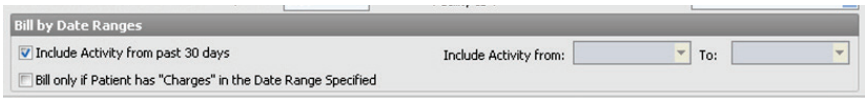
Enter the following information for statements if desired:

- **Patients with Balance Greater than or Equal to**: <enter amount>

- **Patients who have not been billed since** <select a date from the drop-down list>
- **No Patient Payments received since** <select a date from the drop-down list>
- **Bill Cases with the Oldest Balance in Range** <select from the drop-down list>

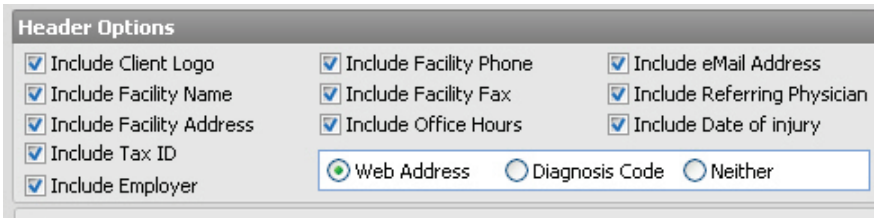
Use the drop-down list to select the **Facility ID** if desired.

In the Bill by Date Ranges section, select the checkboxes:


Bill by Date Ranges
Include Activity from past 30 days
Include Activity from:
To:
Bill only if Patient has "Charges" in the Date Range Specified

- Include Activity from past 30 days
- Include Activity from <select date range>
- Bill only if Patient has “Charges” in the Date Range Specified

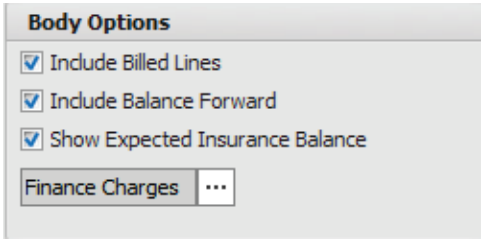
In **Header** options, select from the available remit to options:



Include Client Logo	Include Facility Phone	Include eMail Address
Include Facility Name	Include Facility Fax	Include Referring Physician
Include Facility Address	Include Office Hours	Include Date of Injury
Include Tax ID	Select the radio button to include the Web Address, Diagnosis Code or Neither.	
Include Employer		

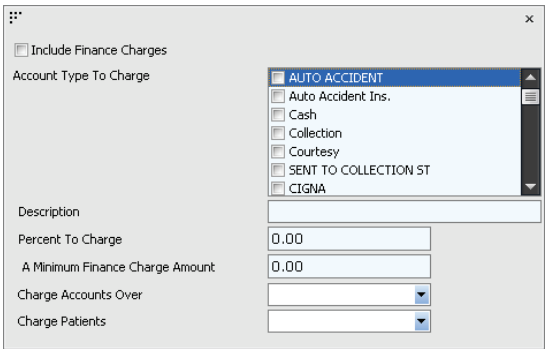
In **Body** options, select from the available options:

Select **Include Balance Forward** to include balance information from previous months.



Include Billed Lines	Include Balance	Forward
Show Expected Insurance Balance		

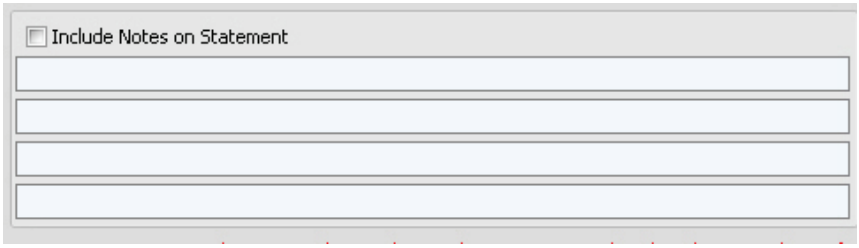
Select the **Finance Charges** button.



Select the **Include Finance Charges** checkbox to add a finance charge to statements. In the **Account Type to Charge** area, select the **Account Type** checkbox to which you wish to apply finance charges or leave blank for all.

In the **Description** field, enter the name you wish to use for the finance charges. Enter the **Percentage to Charge** and the **Minimum Finance Charge Amount**. Use the drop-down list to select the Aging Category for **Charge Accounts Over** and select **All** or **Discharged** in the **Charge Patients** area.

In the **Notes** section, enter the Note information to be applied to the current batch of statements. Select **Include Notes on Statements** to enter a statement note to be applied on all statements.

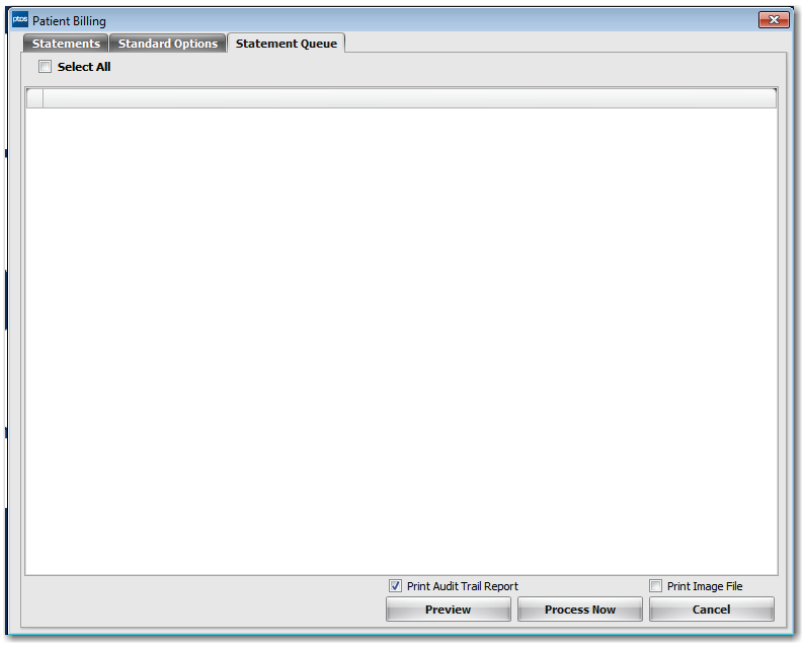


Under **Footer Options**, select the checkboxes for **Include Aging** and/**or Include forms of payment accepted**. Select the **Add Remittance Override** checkbox to allow the patient payments to go to an address other than the facility address.

When you have finished setting up your options, select **Process Now** to begin processing this batch of statements. Select **Send to Queue** to send this batch of statements to the **Statement Queue**. Select **Save Current Settings as Default** to make the selected options the default settings for statements.

The Statement Queue

In the **Statement Queue**, review statements, remove statements and make changes to statements prior to printing.



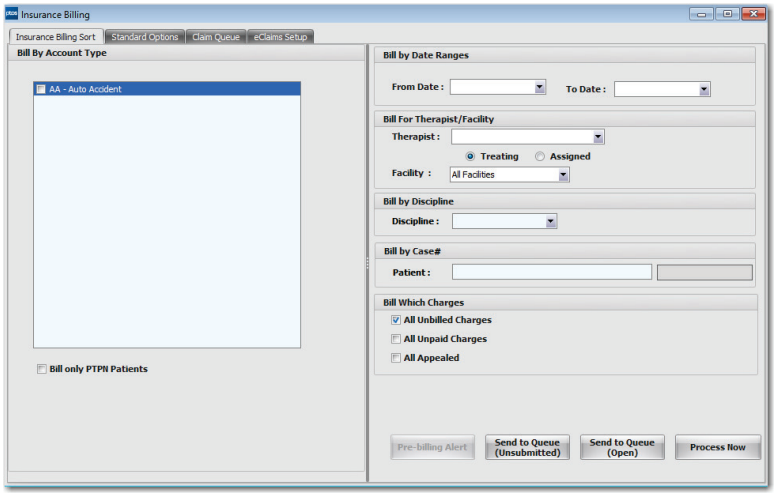
Select the **Select All** checkbox to mark all statements to be processed. Otherwise, select each checkbox individually. Select the **Print Audit Trail Report** checkbox to create a list of all statements being processed. Select the **Preview** button to view statements prior to printing. Select **Process Now** to begin processing statements. Select **Cancel** to exit the **Statement Queue** without processing.

Select the **Print Image File** checkbox to create an image file to store.

Insurance Billing

Under the **Billing** menu, select **Insurance Billing** to create patient insurance claims.

Insurance Billing Sort Tab



In the **Bill By Account Type** section, select the checkbox associated with the type of insurance claim you are billing. Select the **Bill only PTPN Accounts** checkbox to only bill PTPN cases.

In the **Bill by Date Ranges** section, use the drop-down arrows to select the **From** and **To** dates or leave blank for all dates.

In the **Bill For Therapist** section, use the drop-down menu to select a therapist. Select **Assigned** or **Treating**. Use the drop-down menu to select the **Facility ID** or leave blank for all facilities.

In the **Bill by Discipline** section, use the drop-down arrow to select the desired **Discipline** or leave blank for all disciplines.

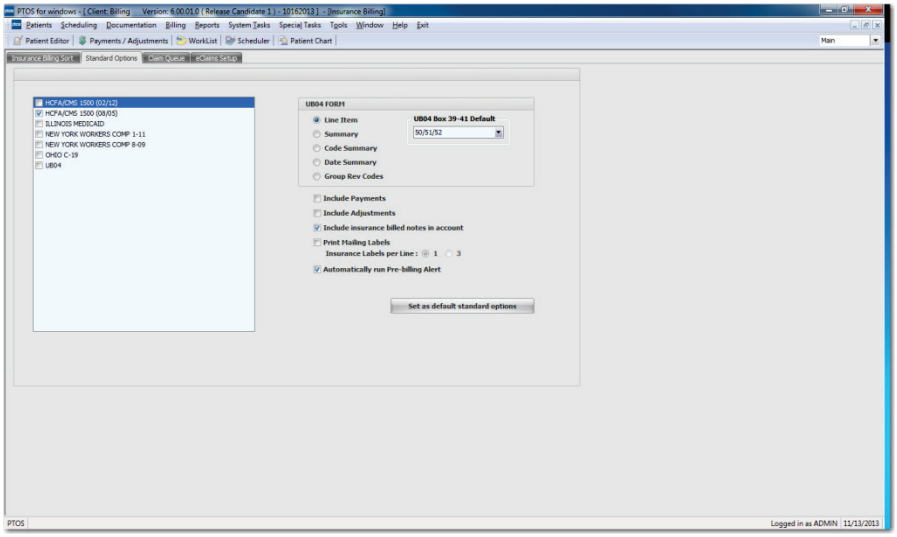
In the **Bill by Case #** section, enter the patient name.

In the **Bill Which Charges** section, select from the following checkboxes:

- All Unbilled Charges
- All Unpaid Charges
- All Appealed

Select the **Pre-billing Alert** button to apply an alert to the selected Account Type. Select **Send to Queue** to batch the selected claims for later submission. Select **Process Now** to immediately process the claims.

Standard Options Tab



In the **Standard Options**, select the desired claim form to be made available to you throughout PTOS.

In the **UB04** Form box, select from the available options:

- Line Item
- Summary
- Code Summary
- Date Summary
- Group Rev Codes

In the **UB04 Box 39-41 Default** drop-down, select the desired default numbers to appear on insurance claims.

Select from the following additional options for all claims:

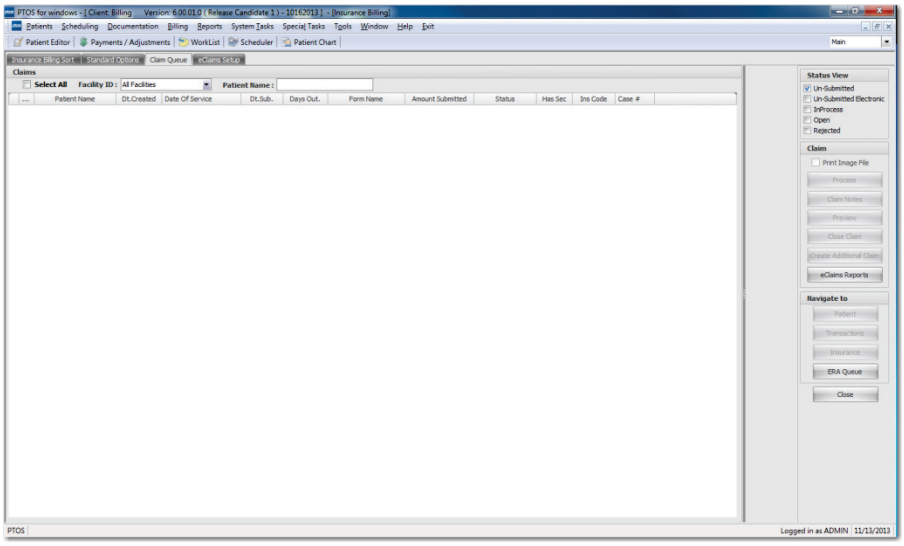
- Include Payments
- Include Adjustments
- Include Insurance billed notes in Account
- Print Mailing Labels
    - Insurance Labels per Line (1,3)
- Automatically run Pre-billing Alert

Select the **Set as Default Standard Options** button to set the selected options to default.

Claims Queue Tab

In the Claims Queue, review claims, remove claims and make changes to claims prior to printing. Select from the following status view options:

- **Un-Submitted** – Claims that have not been printed.
- **Un-Submitted Electronic** – Claims that have not been electronically submitted.
- **InProcess** – Claims that have been submitted but submission reports have not yet been downloaded.
- **Open** – Claims that have been submitted and submission reports have been downloaded and are awaiting payment.
- **Rejected** – Claims that have been rejected by the insurance company.

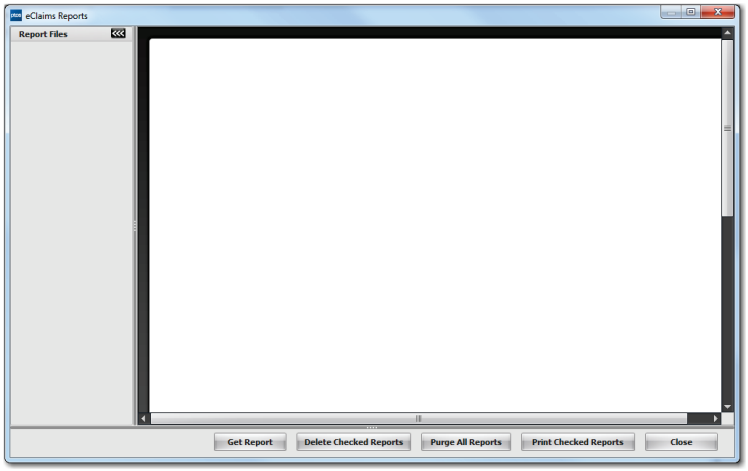


Or use the **Select All** checkbox at the top of the window.

Once you have selected the desired claim status, select from the following options:

- **Facility Filter** – Select the drop-down menu to select a facility.
- **Print Image File** – Select this option to create a print image file that can be sent to clearinghouse as an electronic claim option.
- **Process** – Select this option to submit claims to insurance companies.
- **Claim Notes** – Select this option to view notes associated with the selected claim.
- **Preview** – Select this option to preview the selected claim prior to submitting.
- **Close Claim** – Select this option to close the selected claim.
- **Create Additional Claim** – Select this option to create a new claim for additional insurance companies for the same services without closing the primary claim.

- **Sort Queue** – To sort items in the Queue, select the heading name.
- **ERA Queue button** – Select the ERA Queue button to open the ERA queue (see below)
- **eClaims Reports** – Select this button to open, purge, print or generate reports on the status of eclaims. The following is an example of the eClaims Reports screen.



In the eClaims Reports window, select from the follow options:

- **Get Report** – Select this button to download outstanding eClaim reports from the clearinghouse.
- **Purge Reports** – Select this button to manually delete existing claims reports.
- **Print Report** – Select this button to print all available reports.
- **Close** – Select this button to close the eClaims Reports screen.

Navigate To

Use the quick navigate buttons to launch the following windows:

- Patient
- Transaction
- Insurance
- ERA Queue

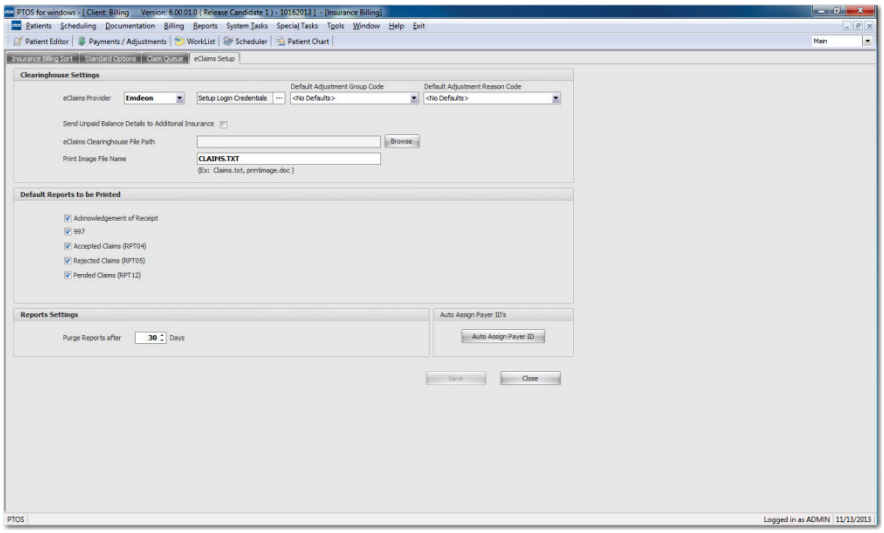
Select **Close** to exit the Claims Queue.

Re-creating a Claim

There are many options when re-creating a claim in PTOS.

- To re-create a closed claim WITHOUT making any changes, use the **Recreate Claim** option in cogwheel in **Patient Editor** or **Patient Transactions**. To re-process an open claim, simply highlight the claim in the **Claims Queue** and process it again.
- To re-create a closed claim after making a change to the PATIENT or INSURANCE demographic/setup information (e.g. ID#, address, HCFA setup, etc), use the **Recreate Claim** from cogwheel in **Patient Editor** or **Patient Transactions**. To re-process an open claim, simply highlight the claim in the **Claims Queue** and process it again.
- To re-create a closed and processed claim after making a change to the TRANSACTION, you will need to re-bill using the **Insurance Billing** window.

eClaims Setup Tab



For assistance, please contact an eServices representative to help set up your eClaims.

In the eClaims tab, under **Clearinghouse Settings**, enter the following information:

- **eClaims Provider** – Use the drop-down menu to select the clearinghouse.
- **Login** – Enter the User name
- **Password** – Enter the password
- **Other Clearinghouse File Path** – Use the **Browse** button to locate the clearinghouse file path if applicable. This option is only available if you are using 'Other' as your designated **eClaim** provider.

- **Print Image File Name** – Enter the name desired for using **Print Image** files for sending eClaims.

Reports can also be manually retrieved and purged in the eClaims Reports screen under the Claims Queue.

Under **Default Reports to be Printed**, select the checkbox associated with the reports that you wish to print automatically when processing claims.

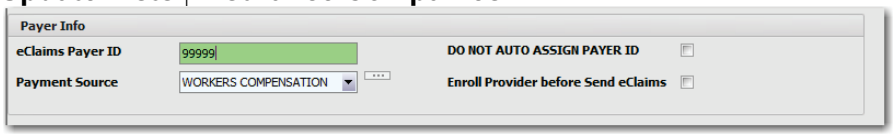
Acknowledgment of Receipt	Amend File Detail (RPT04A)
997	Batch & Claim Rejection (RPT05)
File Status (RPT02)	Amend Batch & Claim Rejection (RPT05A)
File Summary (RPT03)	Provider Claim Status (RPT10)
File Detail (RPT04)	Special Handling/Unprocessed Claims (RPT11)

Under **Report Settings**, select the checkbox **Save Reports** to save these reports to Documentation. Select the number of days after which you wish to Purge reports. Purged reports will be completely removed from your PTOS database.

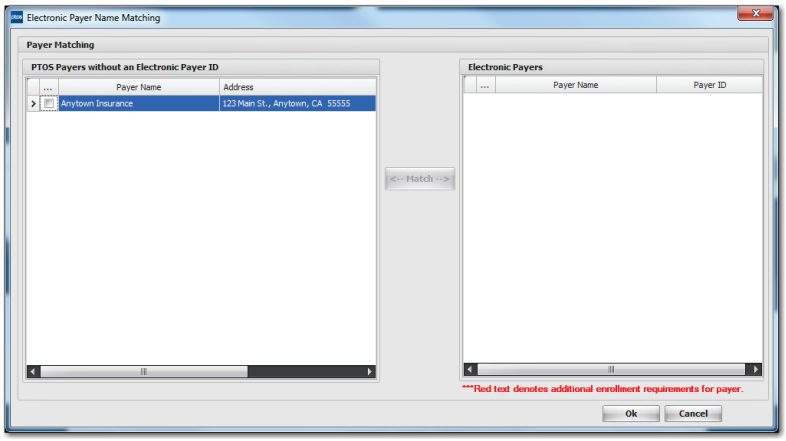
Select **Save** to save your selected setup. Select **Default** to restore the default settings. Select the **Cancel** button to exit without saving.

Auto Assign Payer ID

Any Insurance company that has been designated to Auto Assign Payer IDs can be assigned or updated using the Auto Assign Payer ID button in the eClaims Setup tab. To designate an insurance company for auto assign, select **System Tasks** | **Update Lists** | **Insurance Companies**.



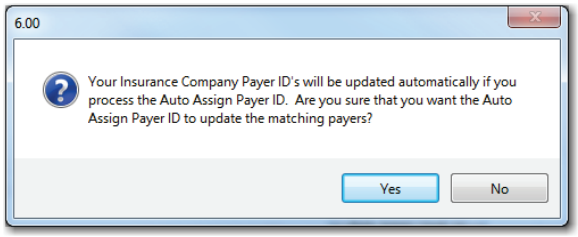
Select the **…** button to open the Electronic Payer Name Matching screen. In this window, select the PTOS payer and match them to the Electronic Payer. Select **OK**.



This will default the Auto Assign Payer ID checkbox in the Insurance Company screen.

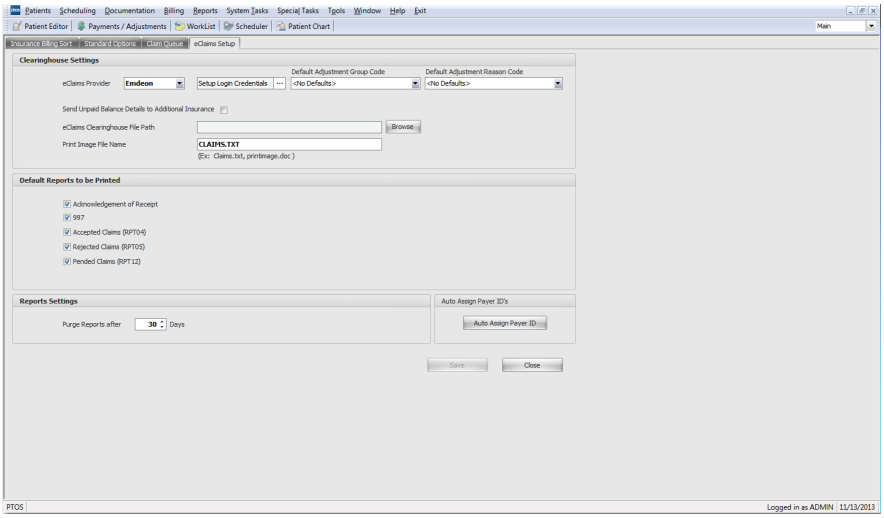
Auto Assign Payer IDs in the eClaims Setup Tab

Select the **Auto Assign Payer ID** button to update and assign any new payer identification numbers.


6.00
Your Insurance Company Payer ID's will be updated automatically if you process the Auto Assign Payer ID. Are you sure that you want the Auto Assign Payer ID to update the matching payers?
Yes
No

Select **Yes** to continue. Select **No** to close without updating.

Setting up Unpaid Balances

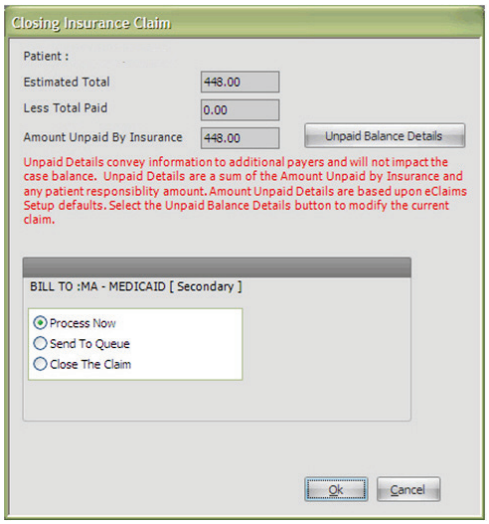


To setup the Unpaid Balance defaults, go to **Billing** | **Insurance Billing** and select the eClaims Setup tab. In the eClaims Setup, select the checkbox **Send Unpaid Balance Details to Additional**

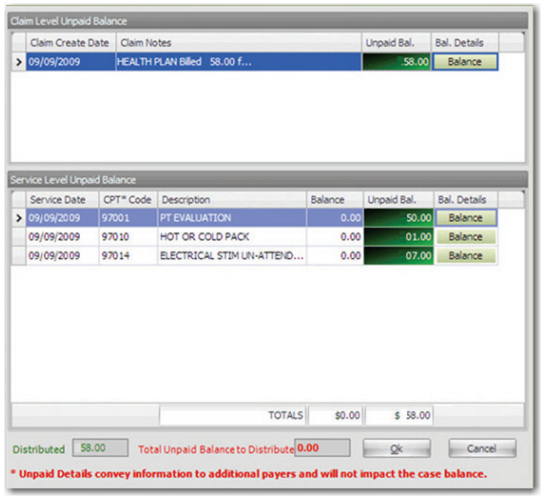
Insurance. Then use the drop-down boxes to select the default group code and the default reason code.

Using Unpaid Balances

Unpaid Balances are used when communicating electronically with secondary or additional providers. For example, if the **Primary** insurance paid $70 of a $100 charge, the unpaid balance would be $30. Use the **Unpaid Balance** checkbox to submit the $30 along with the reason/group codes for why it was not paid to the **Secondary** payer. **Unpaid Balances** are only necessary when using electronic claims to **Secondary** or additional providers.


Closing Insurance Claim
Patient :
Estimated Total
448.00
Less Total Paid
0.00
Amount Unpaid By Insurance
448.00
Unpaid Balance Details
Unpaid Details convey information to additional payers and will not impact the case balance. Unpaid Details are a sum of the Amount Unpaid by Insurance and any patient responsiblity amount. Amount Unpaid Details are based upon eClaims Setup defaults. Select the Unpaid Balance Details button to modify the current claim.
BILL TO :MA - MEDICAID [Secondary]
Process Now
Send To Queue
Close The Claim
Ok
Cancel

When closing a **Primary** claim with unpaid balance totals, verify the defaulted **Unpaid Balance** amount. Select the **Unpaid Balance Details** button to view service level details. Otherwise, select **OK**.



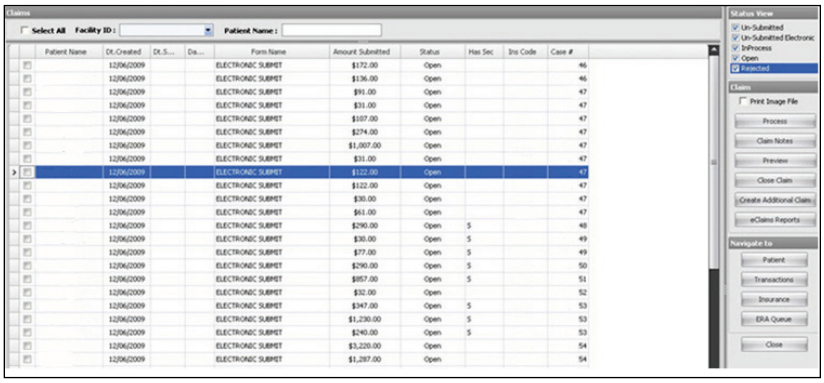
In the **Unpaid Balance Details** window, review the unpaid balance. Unpaid Details convey information to additional payers and will not impact the case balance.

Select the **Balance** button to assign portions of the **Unpaid Balance** to different code groups.

Select **OK** to create the Secondary or Additional Claim with **Unpaid Balance** information.

Claims

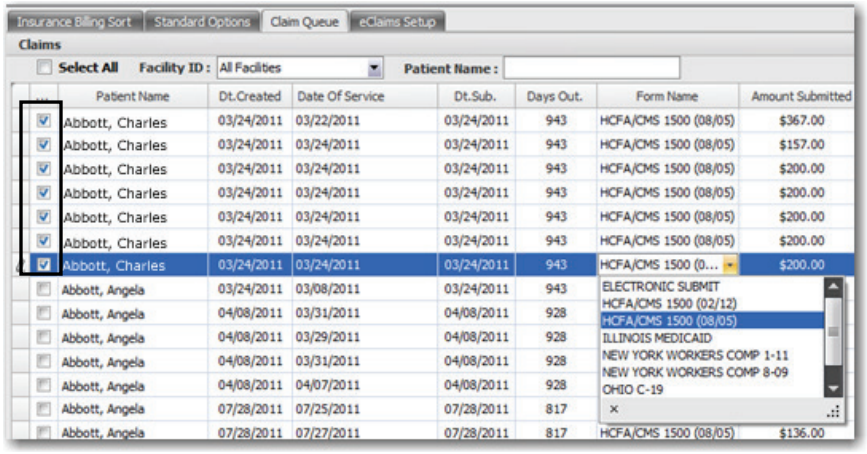
The claims queue can also be accessed by selecting **Billing** | **Claims**.



Navigate in the Claims Queue using the navigation buttons.

- **Patient** – Select the Patient button to open the Patient Editor for the selected transaction.
- **Transactions** – Select the Transactions button to open the Transactions Summary and History window.
- **Insurance** – Select the Insurance button to open the Insurance information window for the selected claim.
- **ERA Queue** – Select the ERA Queue button to open the ERA window. (See Below)

Claims Queue Multi-Select

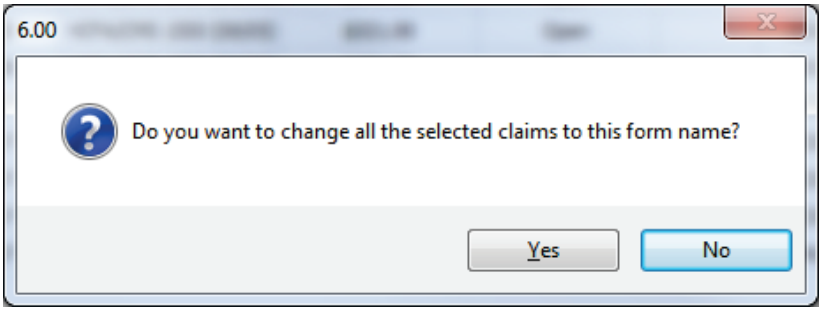


Select multiple claims using the Select checkbox in the Claims Queue and change the form name or move InProcess claims to Open or Un-submitted Electronic status.

Change Claim Form

1. To change the form, select multiple claims using the Select checkbox.
2. Select the form name field. A drop menu will appear with other claim form options.
3. Select the desired claim form from the menu.

The following message appears.

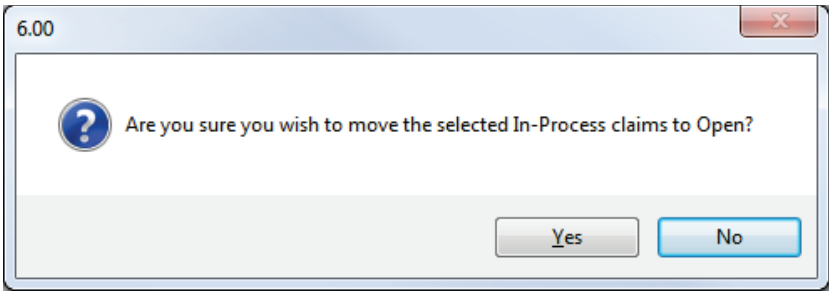


Select **Yes** to continue. Select **No** to exit without making the change.

Change Claim Status

1. To change the status of In Process claims, use the **Select** checkbox to choose the claims.
2. Right-click on the **Status** of a selected claim.
3. Select **Move to Open** or **Move to Un-Submitted Elec** from the menu.

The following message appears.



Select **Yes** to continue. Select **No** to exit without make the change.

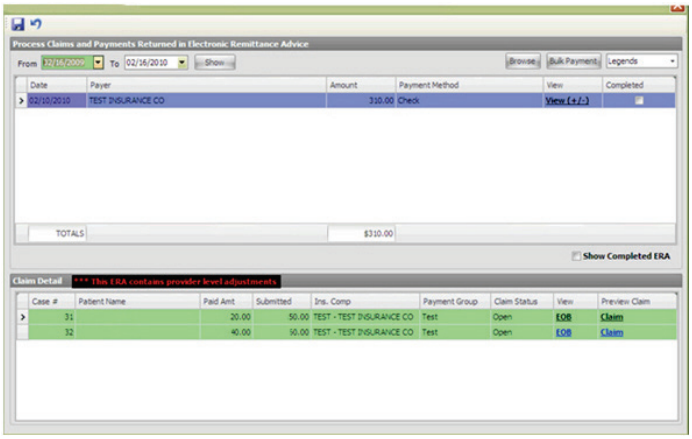
ERA

ERA (electronic remittance advice) is an electronic file in an industry-standard format called ANSI-835. The file contains a number of transactions representing the payments and/or adjustments that a payer has determined to be appropriate for charges (claims) submitted by the provider.

View ERA in Claims

In the Claim screen, select the **ERA Queue** button. The ERA Queue appears.

The ERA Queue


Process Claims and Payments Returned in Electronic Remittance Advice
From 12/16/2009 To 02/16/2010 Show
Browse Bulk Payment Legends
Date Payer Amount Payment Method View Completed
02/10/2010 TEST INSURANCE CO 310.00 Check View (+/-)
TOTALS $310.00
Show Completed ERA
Claim Detail *** This ERA contains provider level adjustments
Case # Patient Name Paid Amt Submitted Ins. Comp Payment Group Claim Status View Preview Claim
31 20.00 50.00 TEST - TEST INSURANCE CO Test Open EOB Claim
32 40.00 50.00 TEST - TEST INSURANCE CO Test Open EOB Claim

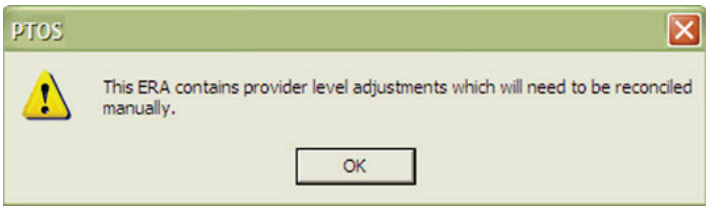
In the Electronic Remittance Advice Queue, select the **From** and **To** dates to view a range of claims. Select the **Show** button to display **ERAs**.

In the **ERA** area, select a claim to view the basic information in the upper portion of the queue. Select the **View (+/-)** hyperlink to view the **ERA**. Select the **Completed** checkbox to mark the EOB as completed.

In the **ERA** area, select a claim to view the Claim detail in the lower portion of the queue. Select the **EOB** hyperlink to view the

Explanation of Benefits for the selected claim. Select the **Claim** hyperlink to view the claim. **ERAs** with **Provider level Adjustments** will receive multiple warnings.

The following is an example of the provider level adjustment warning.



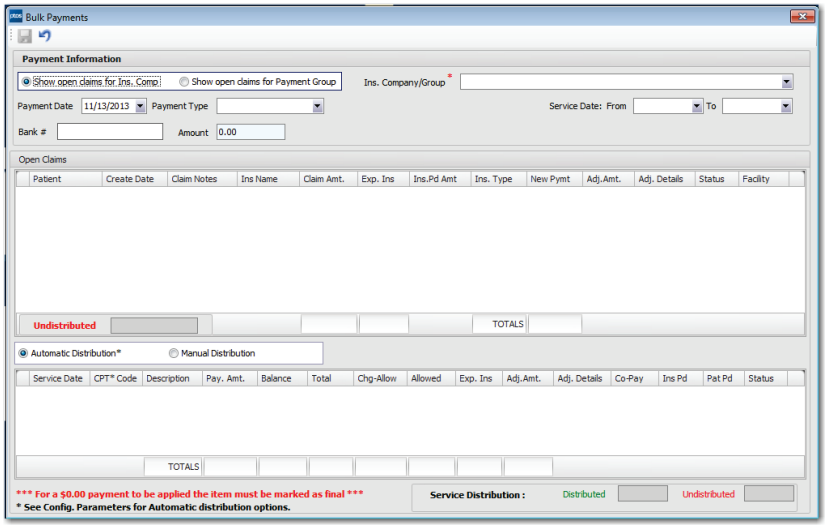
Select the **Show Completed ERA** checkbox to display closed claim information. View the **Legend** to distinguish the meanings of labels.

Overpayments - ERA Payments

When an ERA is received that causes an overpayment, you are warned when you attempt to save the ERA payment and are given a chance to review the payment details before processing.

Bulk Payments

Select the **Bulk Payment** button to make an insurance payment on a range of claims associated with the same Payer.

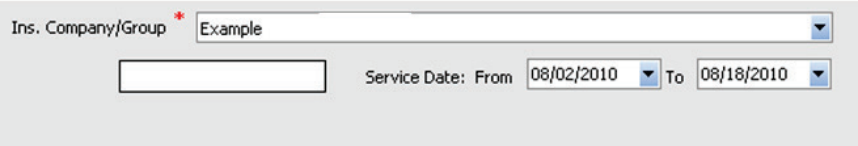


In the **Bulk Payment** window, select the **Payment Date** and **Payment Type**. Enter the **Bank #** and **Amount** if necessary. Select an **Open Claim** and view the Claim details in the lower panel. Select **Automatic** or **Manual Distribution**.

NOTE: The check amount and the amounts distributed to claims must match.

Date of Service Filter

Emdeon® payment information will default. Other clearinghouse information will not.



Filter claims by **Date of Service** using a single date or a date range. The filter defaults to empty to allow you to see all claims prior to filtering.

For example: A claim with the service dates ranging from 6/1, 6/5 and 6/10 would display when filtered for date of service range 6/1 – 6/6 despite having the 6/10 dated entry.

Other Clearinghouses

Use the **Browse** button to locate an ERA associated with a Clearinghouse other than Emdeon®. We do not guarantee that all clearinghouse information will be compatible with PTOS.

Claim Level Adjustments

There are three ways to handle claim level adjustments in PTOS 6.0:

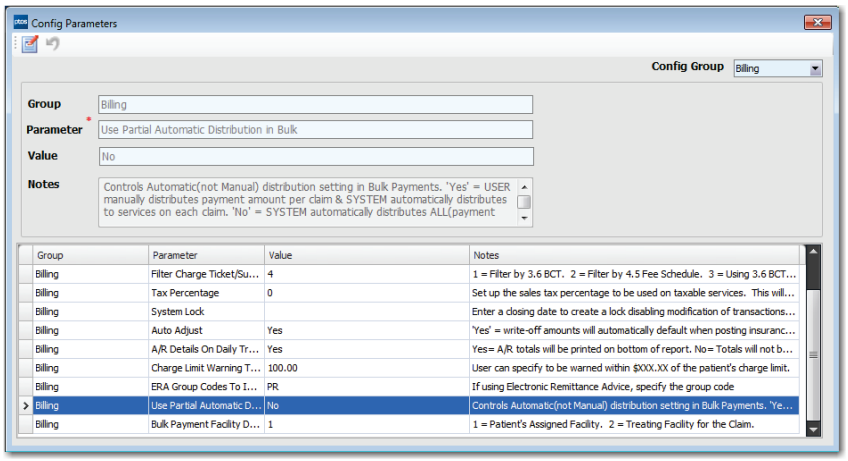
- **Automatic Distribution** – If you have your payments set to automatic distribution, PTOS will distribute the adjustment to the default adjustment type associated with the claim.
- **Manual Distribution** – If you have your payments set to manual distribution, PTOS will prompt you to distribute the adjustment amount.
- **Unapplied** – When using manual distribution, you will have the option to not distribute the adjustment amount thus leaving it unapplied in the account.

Flexible Bulk Payment Distribution

Flexible Bulk Payment Distribution allows you to select the desired claim and then automatically distribute the amount you entered among the services on the selected claim. This gives you the convenience of automatic distribution and the flexibility of manual distribution.

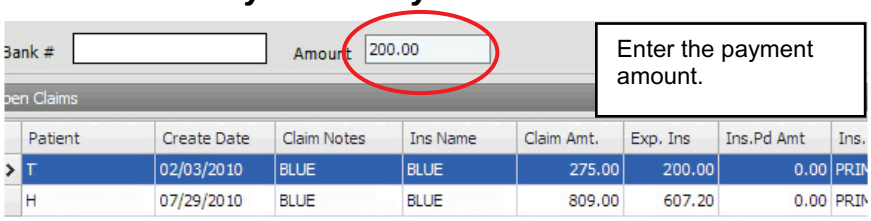
Setting Up

In **Config Parameters** | **Billing**, select **Use Partial Automatic Distribution in Bulk**. Select the **Edit** icon and change the **Value** to **Yes**.

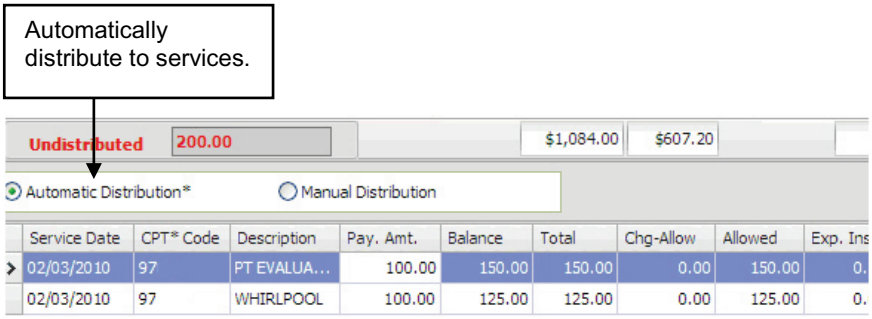

Config Parameters
Config Group
Billing
Group
Billing
Parameter
Use Partial Automatic Distribution in Bulk
Value
No
Notes
Controls Automatic(not Manual) distribution setting in Bulk Payments. 'Yes' = USER manually distributes payment amount per claim & SYSTEM automatically distributes to services on each claim. 'No' = SYSTEM automatically distributes ALL(payment
Group
Parameter
Value
Notes
Billing
Filter Charge Ticket/Su...
4
1 = Filter by 3.6 BCT. 2 = Filter by 4.5 Fee Schedule. 3 = Using 3.6 BCT...
Billing
Tax Percentage
0
Set up the sales tax percentage to be used on taxable services. This will...
Billing
System Lock
Enter a closing date to create a lock disabling modification of transactions...
Billing
Auto Adjust
Yes
'Yes' = write-off amounts will automatically default when posting insuranc...
Billing
A/R Details On Daily Tr...
Yes
Yes= A/R totals will be printed on bottom of report. No= Totals will not b...
Billing
Charge Limit Warning T...
100.00
User can specify to be warned within $XXX.XX of the patient's charge limit.
Billing
ERA Group Codes To I...
PR
If using Electronic Remittance Advice, specify the group code
Billing
Use Partial Automatic D...
No
Controls Automatic(not Manual) distribution setting in Bulk Payments. 'Ye...
Billing
Bulk Payment Facility D...
1
1 = Patient's Assigned Facility. 2 = Treating Facility for the Claim.

Flexible Bulk Payment Entry

Select the claim based on Config Parameter settings.



Automatically distribute to services.



Our new distribution method allows you to select which claim on which you wish to distribute payment.

1. Enter the **Amount** paid per claim. (In the above example, $200)
2. Select the desired claim in the **Claim** level window.
3. Manually enter the payment amount on the claim.

PTOS will then auto-distribute the amounts to the services in the lower services portion.

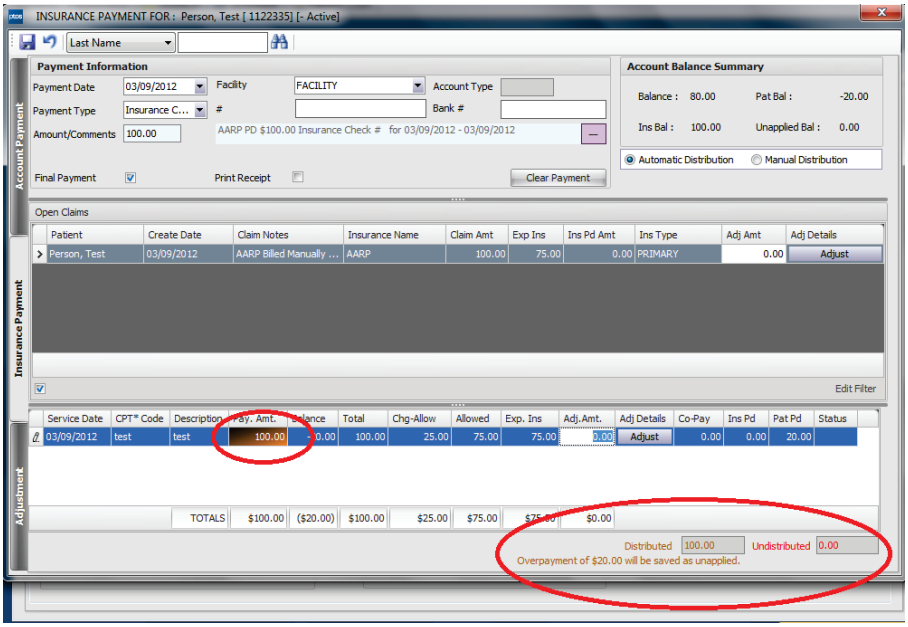
Reset Warning

Changing the check amount after you have begun entering information will launch a warning message. This warning is to inform you that making the change will result in all entries being reset to $0.00.

Overpayments - Bulk Payment Windows

Payments with an amount greater than the balance can now be made in both the bulk and regular insurance payment windows. Visual indicators have been added to warn you when an overpayment is applied.

In the top grid, the Ins Pd Amt field turns orange with a tooltip to indicate any previous overpayments already saved for that claim. In the bottom grid, the Pay Amt field turns orange with a tooltip indicating the overpayment amount for that particular charge. In addition, orange text detailing the overpayment amount appears at the bottom of the window near the distribution fields.



Example: *A full insurance payment has been made on a claim where the patient has already made a $20.00 payment. In this case, the $20.00 patient payment is moved to unapplied so that the entire $100.00 insurance payment can be distributed to the claim.*

HIPAA (ASC) X12 Version 5010 Standard

The HIPPA 5010 standard for electronic claims and ERA is an industry mandate with a deadline of January 1, 2012. This standard is utilized when processing both eClaims and ERA.

Only the Professional Claims 837-P and Remittance 835 are included. Institutional 837 is not included.

If you are using PTOS eServices, the transition to 5010 will be seamless. If you are using another clearinghouse for electronic claims, please visit www.ptos.com/5010 for instructions on downloading a 5010 test file to be sent to your clearinghouse for approval.

NOTE: This only applies to electronic claims. If you are using print image output files or paper claims, you will not be impacted.

To inquire further about PTOS eServices call 800-824-4305.

Worklist

Using the Worklist

The **Worklist** is a handy way of keeping appointments and notes organized by Treating Therapist and Date.

Appointments

In the **Appointments** tab, use the drop-down lists to select a **Therapist** and **Date**. In the **Appt Filter**, select **Show All**, **Show Incomplete** and **Show Complete**.

Use the **Refresh** button to apply changes to the current view.

Use the **Patient Chart** button to open the Patient Chart window.

Notes

In the **Notes** tab, use the drop-down lists to select a **Therapist** and **Date Range**. In the **Status Filter**, select **Open Notes, Closed Notes** and **Void Notes**.

Use the **Refresh** button to apply changes to the current view.

Select **Patient Chart** to view chart information in the **Worklist**.

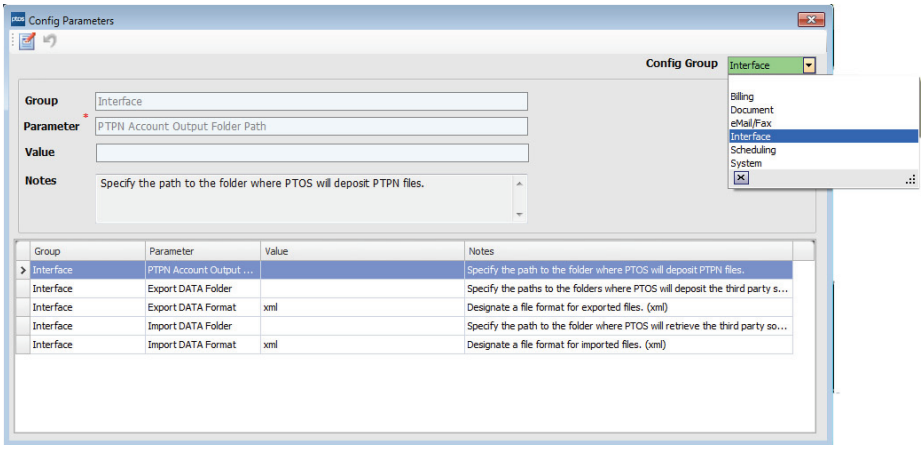
Interfaces

Using Interfaces

Interfaces allow you to seamlessly share data with third-party software programs.

Config Parameters

To set up your Import and Export folders, select **System Tasks** | **Supervisor** | **Config Parameters**. Use the drop-down list in **Config Group** to select **Interface**.



Set your **Data Export** and **Data Import** to XML. Enter the path (location) where you wish to store the exported data. The Export folder path contains the exported patient demographics. Enter the path (location) where manually imported XML files will be stored. The Import folder contains any files that have been manually imported.

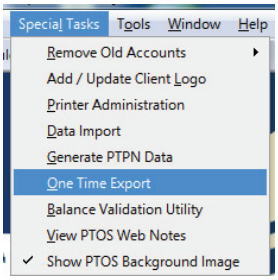
Exported Files

Allow plenty of time for the file export to complete.

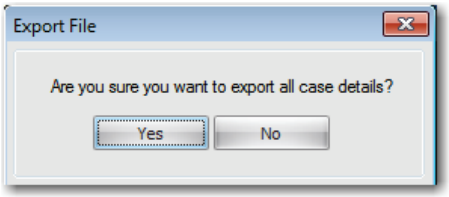
PTOS 6.0 automatically exports all demographic files to the designated Export folder. Once files have been exported to this folder, a new file will be created in the export folder whenever files have been added or edited.

One Time Export

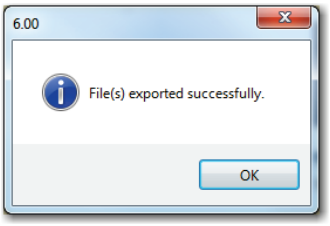
To export your patient demographics to XML, select **Special Tasks** | **One Time Export**.



The following window appears.



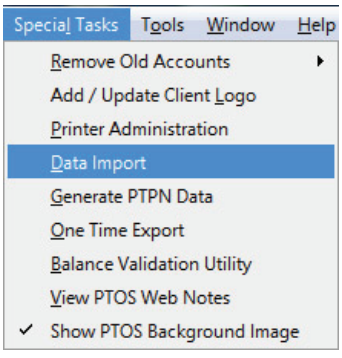
Select **Yes**.



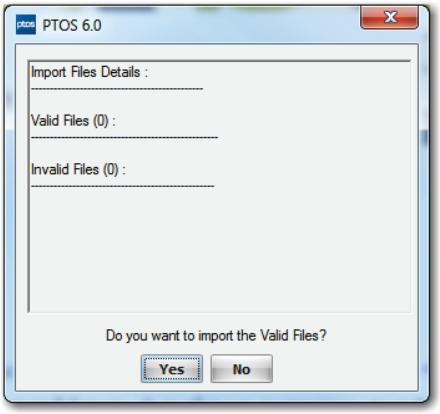
Select **OK**. Exported files will now appear in the folder that was designated in **Config Parameters**. Once files have been exported to this folder, a new file will be created in the export folder whenever files have been added or edited.

Import Files

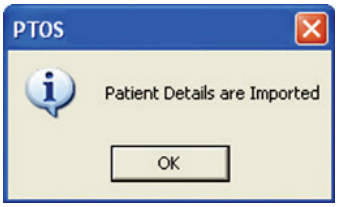
To import XML files into PTOS, select **Special Tasks** | **Data Import**.



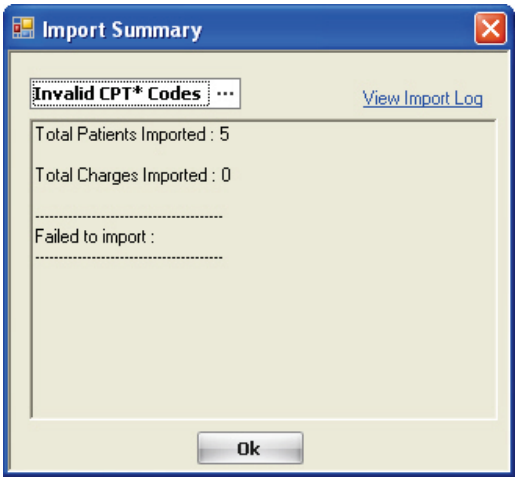
The following window appears.



Select **Yes** to continue. Select **No** to exit without importing.



Select **OK**.



Review the **Import Summary**. Select **View Import Log** to preview a report of **Import** information. Select **OK**.

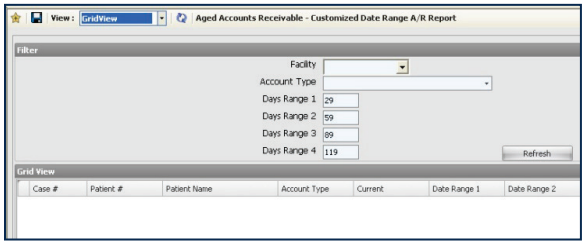
Reports

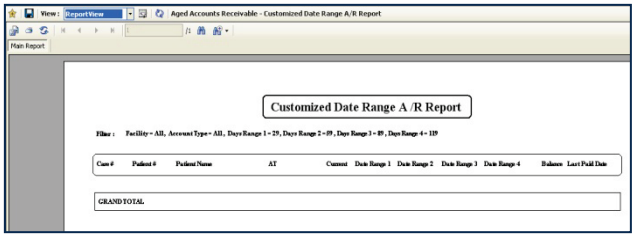
Report Options

Multiple options allow you to control how you receive report data.

Report Views

View your reports onscreen in either GridView or ReportView.



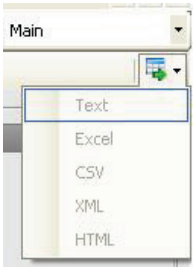

View : ReportView
Aged Accounts Receivable - Customized Date Range A/R Report
Main Report
Customized Date Range A /R Report
GRAND TOTAL

GridView – Select this option to view the information in a data format. Use column headings to sort the data.

ReportView – Select this option to view the information in a standard report format.

Export Options

Select the Export icon to select a format in which to save the report to a location outside of PTOS.

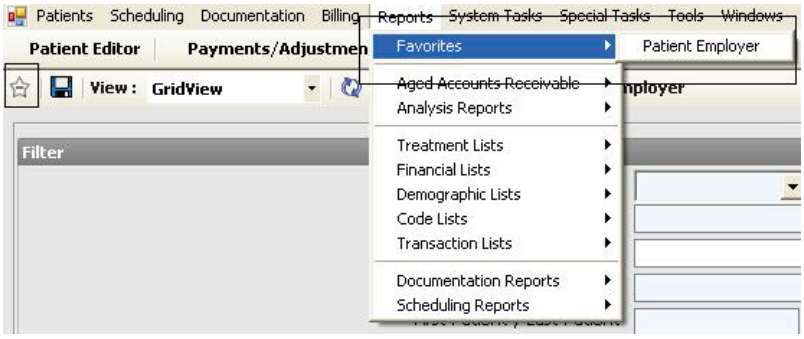


Select Text, Excel, CSV, XML or HTML.

NOTE: Other software programs may be required for viewing reports in other formats.

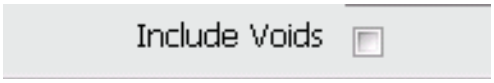
Favorites

To add a report to **Favorites**, select the **Favorites** icon which appears as a yellow star. When a report has been added to **Favorites**, the yellow star appears white and the report name appears in the **Favorites** heading from the **Reports** drop-down menu.



Void Filters on Reports

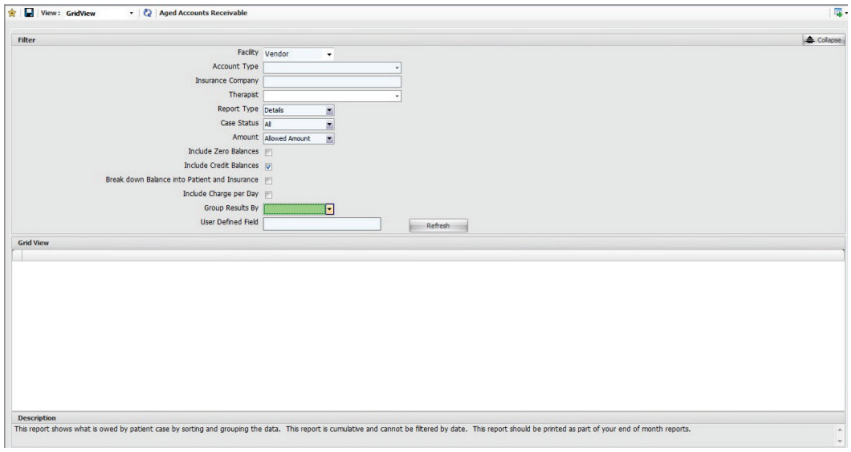
Use the Include Voids filter to include or exclude voided billing charges, adjustments and payments on Transaction and Analysis reports.



Use the checkbox on the following reports:

Transactions	Analysis
Adjustments	Collection/Transaction Analysis
Charges	Collection Efficiency
Charges and Payments for Primary Insurance	
Payments	
Transaction Audit Trail	

Aged Accounts Receivable Reports



Under **Reports**, select **Aged Accounts Receivable** Reports to create a report with by selecting from the following options:

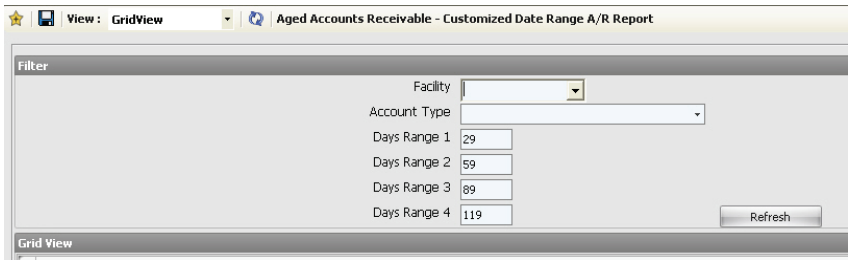
Facility	Select the desired facility from the available options.
Account Type	Select the desired Account Type from the available options.
Insurance Company	Enter an Insurance company to narrow results by Insurance Company only.
Therapist	Select the desired therapist from the available options.
Report Type	Select Summary or Detailed.
Case Status	Select the desired case status from the available options.
Amount	Select Allowed Amount or Charged Amount.
Include Zero	Select the checkbox to include zero on the report totals.
Credit Balances	Select the checkbox to include credit balances on the report totals.
Break down Balance into Patient and Insurance	Select the checkbox to display patient and insurance balances separately.
Include Charge per day	Select the checkbox to include charge per day.

Group Results By options:

Account Type	Select this option to group the report

	results by Account Type.
Case Status	Select this option to group the report results by Case Status.
Facility	Select this option to group the report results by Facility.
Primary Insurance	Select this option to group the report results by Primary Insurance company.
Therapist	Select this option to group the report results by therapist.

Customized Date Range A/R Report



Select the **Facility** and **Account Type** from the available options. Enter the Days Range amounts. Select **Refresh** to reflect the changes in the data.

Analysis Reports

Under Reports, select Analysis Reports to create a report with the following options:

Account Type Summary	This report shows how many new, discharged, treated and patient marked 'active' for each Account Type. They are grouped by the Account Type. It is only considered a new patient if their first visit date falls within the date range of the report.
Billing Efficiency	This will show every claim or statement that was sent during the period you specify. Also shown, are the total number of bills sent, the total amount billed, and the smallest, largest and average size bill.
Collection/Transaction Analysis	This report shows all charges, insurance and patient payments, debit, and credit adjustments, visits, and units for each day of the month, or other time periods you've selected with totals for each category. If

	you wish, you can include a second line for each day which will show the expected amount and total payments received.
Diagnostic Statistics	This report prints in two different formats depending on whether you select all patients of DISCHARGED PATIENTS ONLY.
Collections Efficiency	This report shows the total of charges within the specified date range along with the total insurance payments, patient payments, adjustments, and the average number of days it takes to collect the first payment.
Delinquency Report	This is a list of all accounts that have notes entered in Patient Editor field 'Delinquent Report Note'. Select accounts with balances over 30, 60, 90 or 120 days or no recent payments. Print one account type or sort by patient number or by account type.
Insurance Tracer	This report shows all 'open' claims. Claims that have been marked 'final' will not display.
Medicare Log	This option is designed as a summary of activity for Rehab Agencies. Total insurance and patient payments, and credits for these charges are included.
Monthly Collections	This report shows the aging of charges paid for the date range selected.
Outcome Edit List Report	This is a listing of discharged patients that will be referenced in the #3.92 Outcome Summary Report Outcome Reports provide important management data. When you select this option, the following menu appears. You must first select "Prepare Outcome Reports" option. This compiles outcome data for all discharged patients. It is similar to Prepare Aged Accounts.
Outcome Summary Report	This is a list of important management data for all discharged patients.
C.P.T. Code Summary	The C.P.T. Code SUMMARY will then total the number of times each procedure was used during the period, the charges billed for each procedure code and **"I"** (individual) codes. You also have the option of choosing to include "I" codes ONLY. If you choose "I" codes only, all "I" codes (individually entered charges) are sorted and subtotaled by DESCRIPTION.

	The report can be grouped by THERAPIST, ACCOUNT TYPE or LOCATION.
Referral Analysis	This report is valuable in analyzing which doctors are sending profitable referrals. Running the report on a monthly basis provides an accurate gauge of increasing or decreasing activity of various physicians.
Treating Therapist Activity	This report is useful in measuring the productivity of treating therapists. The statistics can be used to assign patient loads, calculate bonuses, and analyze treatment trends.
Assigned Therapist Activity	This report is useful in measuring the productivity of assigned therapists. The statistics can be used to assign patient loads, calculate bonuses, and analyze treatment trends.

Treatment Lists

Under Reports, select Treatment Lists Reports to create a report with the following options:

Privacy (HIPAA) Notification	This report shows patients and their HIPAA Authorization and Privacy Notification dates.
Discharge/Inactive	This report shows patient cases by Discharge Date, Condition and/or Inactive Patients with their first and last visit dates.
Dropout	This report shows the patients considered as 'dropouts'.
Notes	This report shows Case Notes and/or Additional Notes on patient cases.
First/Last/Return Visits	This report shows patients by their first, last and return visit dates.
Diagnosis List	This report shows patients by their Primary Diagnosis and other relevant details.
Injury Area/Date	This report shows patients by their injury area and date.
Patients By Referral	This report lists Referring Doctor, Primary Doctor, Attorneys or Case Managers with a listing of the respective patients that have been assigned to each.
Auth Alert/Remaining	This report lists cases that are within a certain # of visits of the Auth Visit Limit

Visits	and/or cases where the Auth Exp Date falls within the date range specified.
Patient Therapist Listing	This report shows a listing of patients and their Assigned Therapist.
Payment Plan	This report lists patients who have a payment plan amount set in Patient Editor.
Deductible	This report shows patients with a deductible set in Patient Editor.
No Activity	A listing of patients who have had no activity prior to a certain date.

Financial Lists

Under Reports, select Financial List Reports to create a report with the following options:

Case Balance Report	This report shows all patients who have a balance within the range specified, including credit balances (Ex: Credit Balance = $-150.00 to $-.01; Small Balance = $.01 to $25).
Charge Limit	This report will show patients who have met or exceeded their charge limit.
Insurance Listing	This report lists all patients by either Primary, Secondary, Third or Other Insurance within a specified date range.
Responsible Party List	This report shows patients by Responsible Party
Case Overview	This report shows patient cases and specific details chosen in the filter.
Authorization Number	A listing of patients showing their authorization number assigned within a specific date range.

Demographic Lists

Under Reports, select Demographic Lists Reports to create a report with the following options:

Patient Employer	This report shows a listing of patients by their associated employers and/or occupation.
Patient Address/Birthdate	This report is a listing of patient addresses and their birthdates.
Patient Additional Info	This report is a listing of additional patient information, including: email, Home #, Work

	#, 1st visit, Last Visit, Referring Doctor and User Defined Field.
Cover Sheet	This report provides a 'cover sheet' containing the data entered on the Patient Data screens.

Code Lists

Under Reports, select Code Lists Reports to create a report with the following options:

Account Type	This report is a listing of all Account Types set in the system.
CCI Dataset	This report is a listing of CCI Edits and the respective information attached to each.
LCD Dataset	This report is a listing of LCD Edits and the respective information attached to each.
C.P.T. Codes	This report is a listing of C.P.T. Codes and the info recorded for each in the system.
C.P.T. Group	This report is a listing of C.P.T. Groups Terminology groups.
Referrals	This report is a listing of all Doctors, Attorneys or Case Managers and pertinent information for each.
Employers	This report generates a list of Employers.
Fee Schedules	This report generates a list of fees by Fee Schedule.
ICD9 Codes	This report generates a list of International Statistical Classification of Diseases and Related Health Problems diagnosis codes.
Insurance Companies	A listing of all Insurance Carriers, their codes and information as setup in the system.
Lookup Table	This report displays all of the abbreviation codes located in the Lookup Table.
Employee	This report is a listing of all existing Employees with their correlating information.
Payment Type	This report is a listing of the Payment Types.
Adjustment Type	This report is a listing of the Adjustment Types.

Transaction Lists

Under Reports, select Transactions Lists Reports to create a report with the following options:

Adjustments	This report generates a list of adjustment types.
Bank Deposit Slip	This report lists all information pertinent to the Bank Deposit Slip.
Charges	This report shows all charges (billed and unbilled) in a specified date range.
Charges and Payments for Primary Insurance	This report is a list of charges and payments grouped and subtotaled by the patient's primary insurance.
Daily Transaction Report	This report lists entered transactions for a specified date range for all facilities.
Payments	This report is a list of payments subtotaled by date.
Unapplied Monies	This report is a listing of all unapplied payments and adjustments.
Unpaid Charges	This report is a listing of charges and their remaining balances.
Voided Transactions	The report is a list of any voided transactions within a specific date range.
Transaction Audit Trail	This report shows all Transactions for patients within a specified date range.

Documentation Reports

Under Reports, select Documentation Reports to create a report with the following options:

Document Listing	This report shows any documents that are closed, open or all for a specific time period and/or Therapist. The report is broken down by Facility with totals per Facility and Grand Totals for Patients/Case.
Open Notes Report	Displays active patient/cases that have one or more open notes broken down by Therapist.
Deferred Note Closing Report	This report shows the number and percentage of notes that are closed between DOS + 3 days and those closed after 3 days.
Charge-Time Audit Report	This report compares the documented time (in a note) to the number of units for that same visit. The note must be linked to the appointment for the results to display.
Charge Ticket/Claim	This report compares the charges entered by the Therapist to the charges included on

Form comparison Report	the claim form for that same visit.

Scheduling Reports

Under Reports, select Scheduling Reports to create a report with the following options:

Appointment List	This report is used to print a list of patient appointments by Facility, Date and/or Appointment Status.
Appointment Reconciliation Report	This report is used to identify appointments that have not been completed by the Therapist or front desk.
Cancel/No Show	This report shows the number of scheduled, cancelled and no-show appointments in a user-specified time period for each therapist in a facility or for all physicians referring to the facility.
Co-Payment Reconciliation Report	This report is used to reconcile the co-payments collected (cash, check, credit-card, other) with the payments listed on the bank deposit slip.
C.P.T. Utilization Report	This report displays the average and total # of units for each unique C.P.T. charge code billed with the start/end period.
Daily Schedule	This report is a listing of patients scheduled for a Facility and/or Therapist by appointment date.
Patient Appointment Reminder	The report is a list of patients with upcoming appointments for confirmation.
Patient Sign-in Sheet	The report creates a form for collecting patient signatures upon arrival.
Next Physician Appointment Report	The report displays active patient/cases that are within a selected time frame.
Superbill List	This report displays a list of patients who have a scheduled appointment by specific date. It can be printed for a specific patient and date range.
Superbill Print	This report creates individual Super Bills for patients. The Super Bill will only contain C.P.T. Codes that were marked 'To Include on Super Bill'.
Therapist Schedule Report	This report displays patient appointments for the date range specified.
Weekly Appointment	This report displays the number of

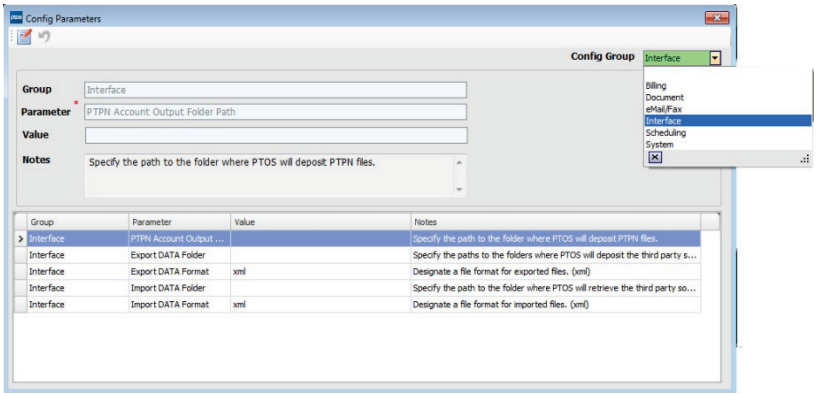
Report	appointments/week for a five week period for each Therapist in the facility or for all physicians referring to the facility.

System Tasks

Supervisor

In this section, use **System Tasks** to manage a group of supervisor items.

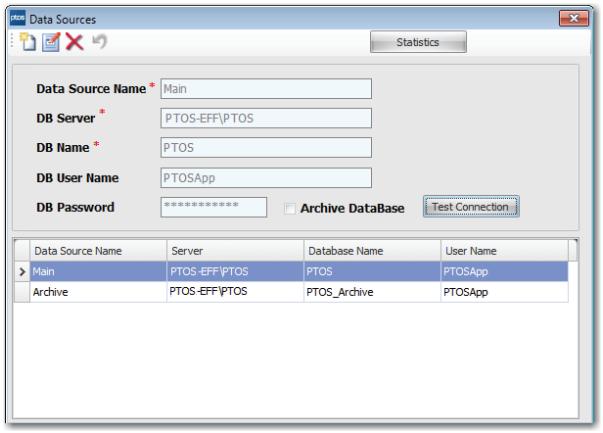
Config Parameters



Use the drop-down menu to select a **Config Group**. To edit an existing entry, select the entry and select the **Edit** icon. See the **Using PTOS** chapter for more information in setting up Config Parameters.

Data Sources

Multiple Data Sources can be set up but at least one data source must be active to prevent loss of data.



Setup your data source information to designate the location of your database information.

- Data Source Name – Enter the Data Source Name.
- DB Server – Enter your Database server location.
- DB Name – Enter your Database Name.
- DB User Name – Enter your Database user's name.
- DB Password – Enter your Database password.
- Test Connection – Select the Test Connection button to check the connection to your database server.

NOTE: Asterisk (*) denotes required field.

Facility

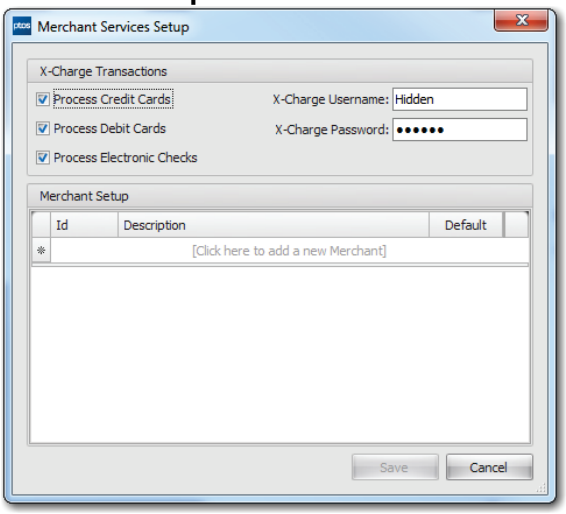
For information on setting up facilities, see the **Using PTOS** chapter of this document.

Employee

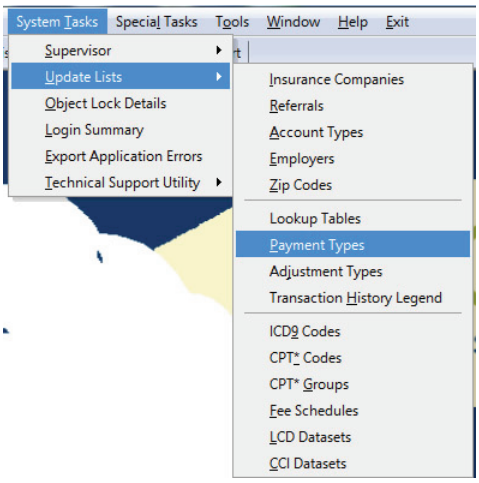
For information on setting up employees, see the **Using PTOS** chapter of this document.

Merchant Services Setup

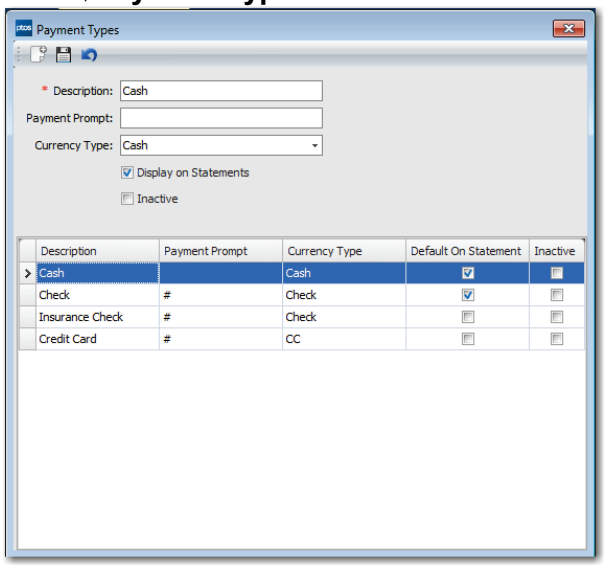
After completing your enrollment with eServices, set up your **X-Charge** by selecting **System Tasks** | **Supervisor** | **Merchant Services Setup**.



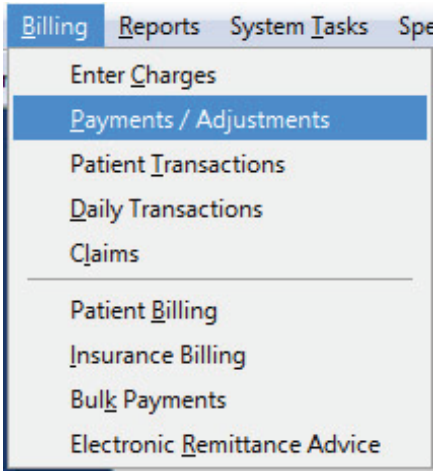
In **Merchant Services Setup**, under **X-Charge Transactions**, select the checkboxes for **Process Credit Cards**, **Process Debit Cards** and **Process Electronic Checks**. Enter your **X-Charge Username** and **Password** and **Merchant ID** numbers for all locations. Select **Save** to save.



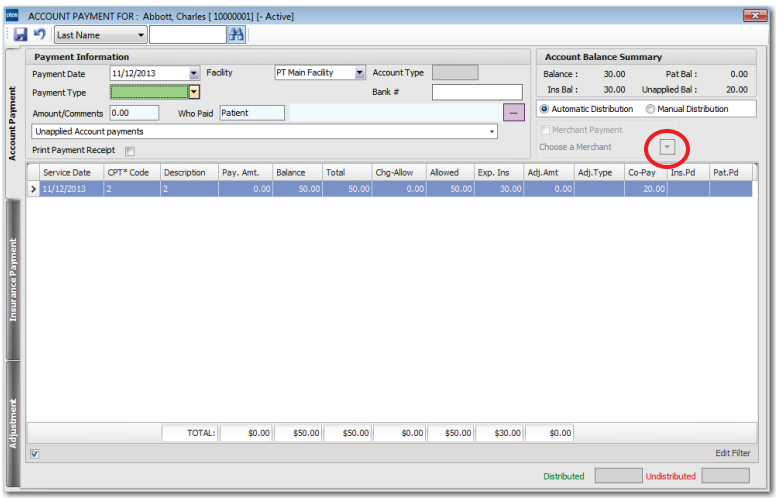
To setup payment information, select **System Tasks | Update Lists | Payment Types**.



In the **Payment Types** window, new payment types are available for **Electronic Check** and **ATM/Debit Card**.



To collect an **X-Charge** payment, select **Billing | Payment/Adjustments**.



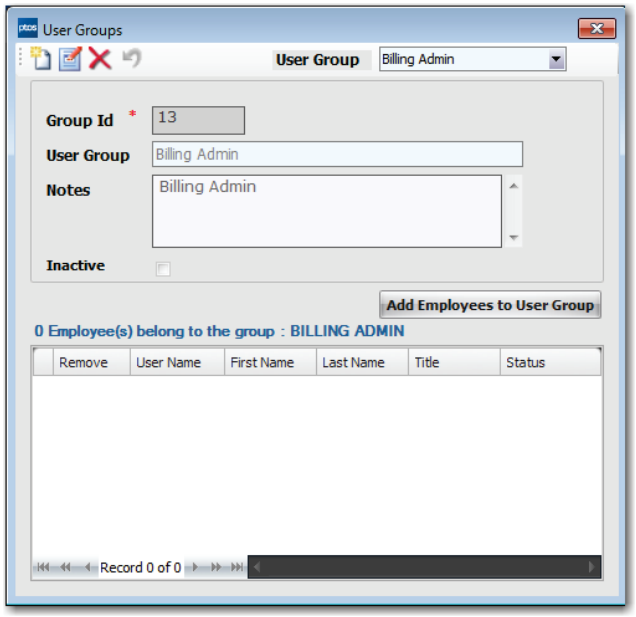
In the **Account Payment** window, select the desired transaction. Use your card reader and follow the prompts.

User Access Rights

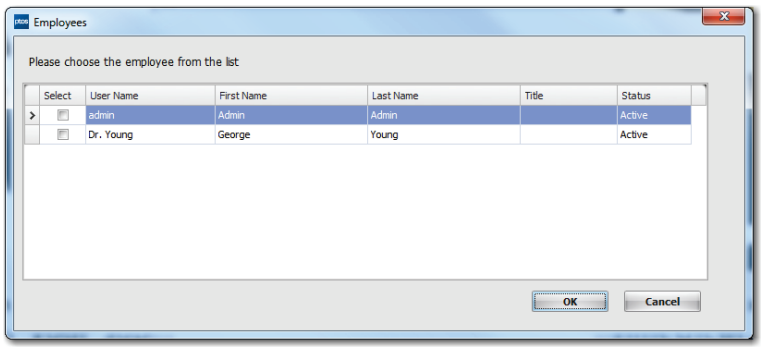
For information on setting up User Access Rights, see the **Using PTOS** chapter of this document.

User Groups

User Groups are assigned to employees in the **Employee** screen. Another way to assign employees to **User Groups** is under **System Tasks** | **Supervisor** | **User Groups.**



Select the **User Group** drop-down arrow to select a **User Group**. Select **Add Employees to User Group** to add employees.



Select the checkbox associated with the desired employee. Select **OK**.

To create a new **User Group**, select the **Add** icon or **F2**. Enter the description information and save.

To delete an existing **User Group**, select the desired group and select the **Delete** icon.

Check for Updates

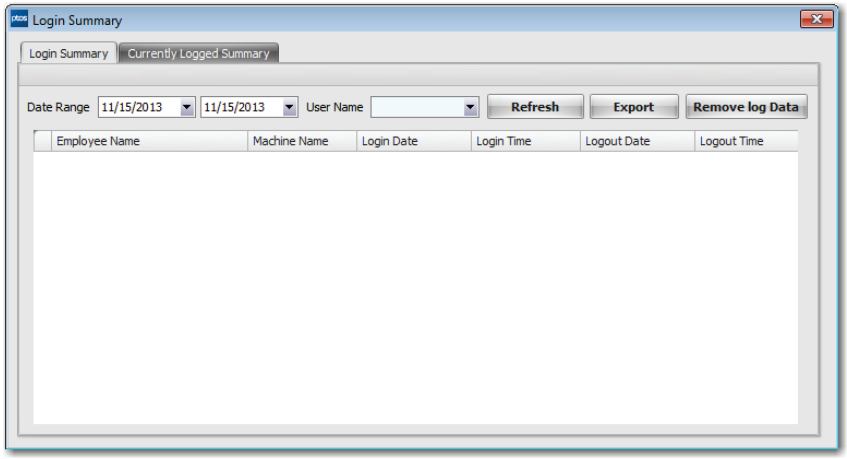
For information on checking for updates, see the **PTOS** chapter of this document.

Update Lists

The Update Lists menu allows you to make modifications to your lists. For more information on updating lists, see the Using **Update Lists** section of the **PTOS** chapter of this document.

Login Summary

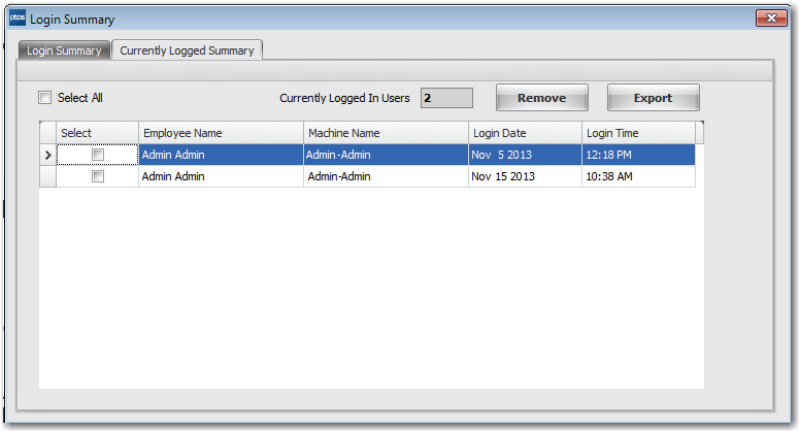
Select the **Login Summary** to view the login users for a user-defined date range.



Use the drop-down list to select a **From** and **To** date from the calendar. The current date defaults in the **From** and **To** fields. Use the drop-down list to select a **User Name**.

Select Refresh to update the list. Select **Export** to save this file in another format elsewhere on your computer. Select **Remove log Data** to delete the log file of login information.

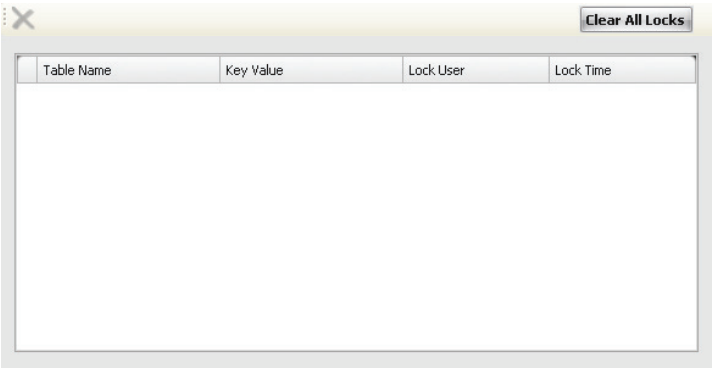
Currently Logged Summary



In the **Currently Logged Summary** tab, view a list of users that are logged into PTOS. Select **Remove** to remove a user from the system. Select **Export** to save this file in another format elsewhere on your computer.

Object Lock Details

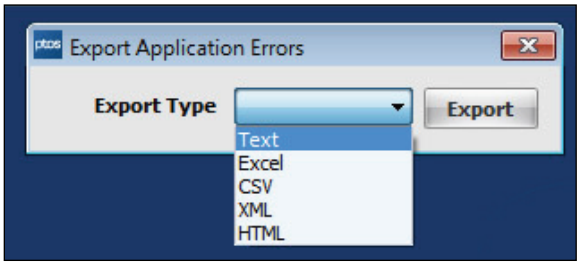
In the **Systems Tasks**, select **Object Lock Details** to locate and release any locked files.



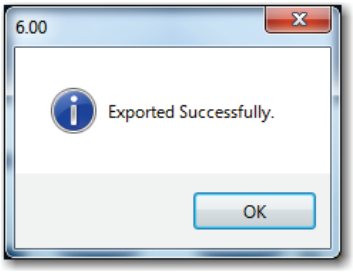
Select the specific file from the list and select the **delete** icon or select the **Clear All Locks** button to unlock all files listed.

Export Application Errors

Use this option to save application errors to an external file. These files may be useful for working with Support to diagnose errors.



Go to **System Tasks** | **Export Application Errors**. Use the drop-down list to select the file type. Select the **Export** button. Browse to the desired location to which you wish to save the file. The following window appears.



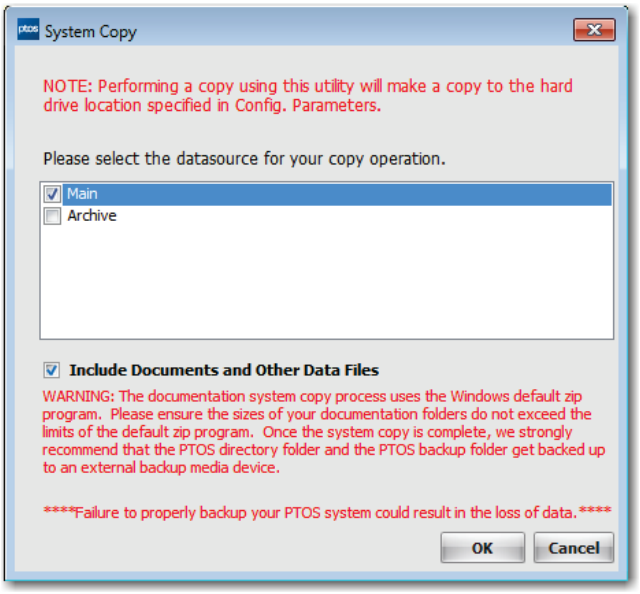
Select **OK** to save the file and return to **PTOS**.

Technical Support Utility

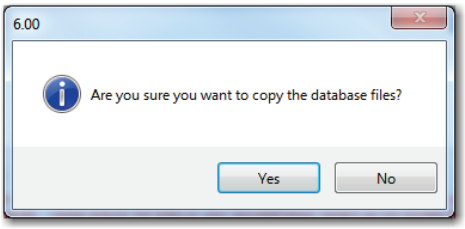
The **System Copy** and **System Restore** options are utilities to be used by the Technical Support team when performing certain tasks and maintenance. These copies should not be used in place of an external system backup.

System Copy

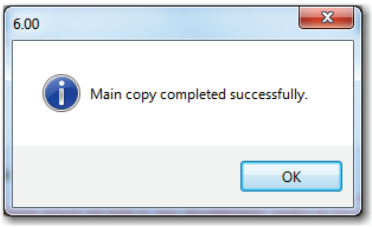
For more information on **backing up your database** securely, contact your local Hardware provider.


System Copy
NOTE: Performing a copy using this utility will make a copy to the hard drive location specified in Config. Parameters.
Please select the datasource for your copy operation.
Main
Archive
Include Documents and Other Data Files
WARNING: The documentation system copy process uses the Windows default zip program. Please ensure the sizes of your documentation folders do not exceed the limits of the default zip program. Once the system copy is complete, we strongly recommend that the PTOS directory folder and the PTOS backup folder get backed up to an external backup media device.
****Failure to properly backup your PTOS system could result in the loss of data.****
OK
Cancel

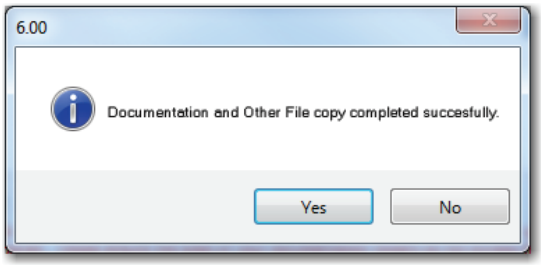
Under **System Tasks**, select **Technical Support Utility** | **System Copy**. Select the data source to be copied: **Main** and/or **Archive**. Select **OK** to continue. Select **Cancel** to exit without copying your database.



Select **Yes** to continue.



Select **OK**.



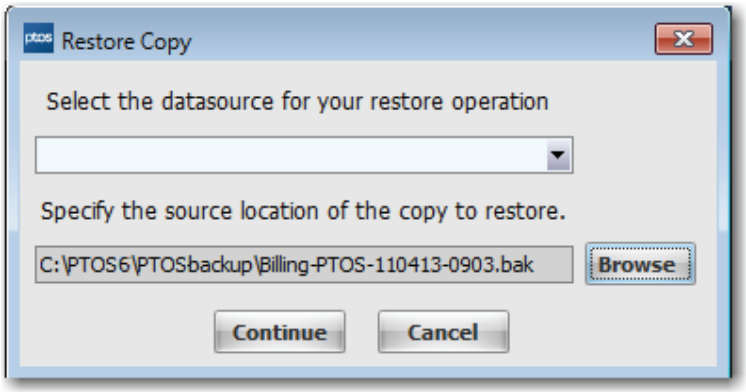
Select **OK**.

Copy Size

It is important to get a good backup of your PTOS data. If you save documents larger than 4GB, the **System Copy** may not be able to accommodate your entire backup.

If you have a larger than normal database or save large documents, use an additional backup system to ensure that you are backing up all of your data.

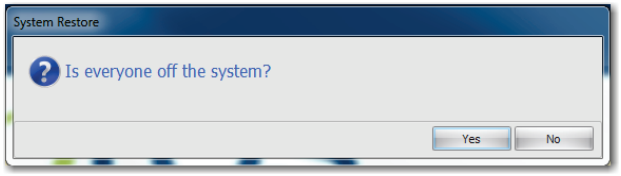
Restore Copy



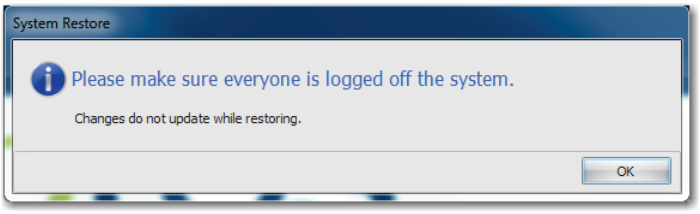
Under **System Tasks**, select **Technical Support Utility** | **Restore Copy**. Use the drop-down list to select **Main** or **Archive** for your data source. Select the **Browse** button to locate your copy file for restoration.

Select **Continue** to begin restoring a copy. Select **Cancel** to exit without restoring.

Select **Yes** to continue.



Select **OK** to continue. Restart the application prior to continuing to work in PTOS.



Select **OK**.

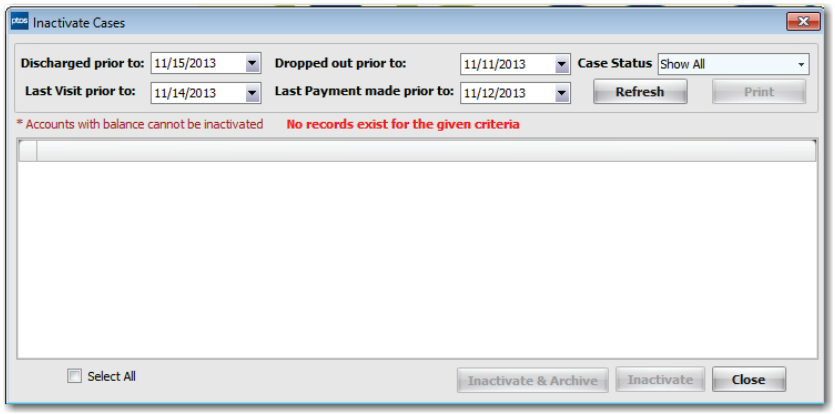
Special Tasks

Remove Old Accounts

Under **Special Tasks**, inactivate and archive your data.

Inactivate Cases

To remove discharged or otherwise completed cases from menus, use the Inactivate Cases option.



Prior to **Inactivating** cases, you must set the case to inactive using the **Cogwheel** menu in Patient Case.

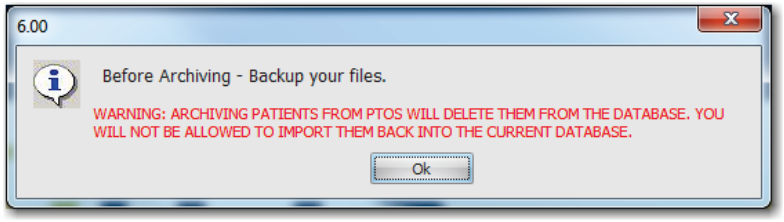
To inactivate cases, select **Special Tasks** | **Remove Old Accounts** | **Inactivate Cases**. Select the **Discharged prior to date**, the **Last Visit prior to** date, **Dropped out prior to date** and **Last Payment made prior to**. Under **Case Status**, select **Active Cases**, **Discharged Cases** or **Show All.** Select the desired patient to be inactivated or use the **Select All** checkbox.

Archived cases **cannot** be retrieved without restoring a backup of your database. Do not archive cases unless you are completely finished with them.

Choose **Inactivate & Archive** to inactivate the selected patient(s) and archive the information. Choose **Inactivate** to inactivate the patient without archiving. Select **Close** to exit.

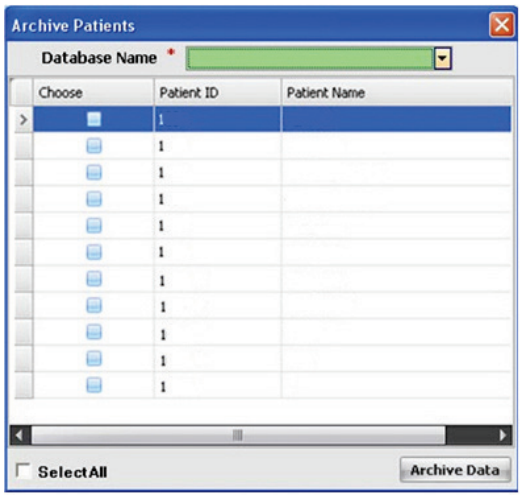
Archive Patients

To archive patients, select **Special Tasks** | **Remove Old Cases** | **Archive Patients**.


6.00
Before Archiving - Backup your files.
WARNING: ARCHIVING PATIENTS FROM PTOS WILL DELETE THEM FROM THE DATABASE. YOU WILL NOT BE ALLOWED TO IMPORT THEM BACK INTO THE CURRENT DATABASE.
Ok

Select **OK** to continue.

Archived cases **cannot** be retrieved without restoring a backup of your database. Do not archive cases unless you are completely finished with them.



Select the name of the database that you wish to access. Select the **Choose** checkbox for the desired patient or select the **Select All** checkbox. Select the **Archive Data** button.

Add/Update Client Logo

Add your logo to be used on documents and reports. To add or update your logo, select **Special Tasks** | **Add/Update Client Logo**.

Note: Your image should be no larger than 120 x 120 pixels.

Select the **Add/Update Client Logo** to upload a new logo image. The image must be a JPEG. Select **Remove Client Logo** to remove the logo without replacing the image. This logo will be added to various reports and documents throughout PTOS.

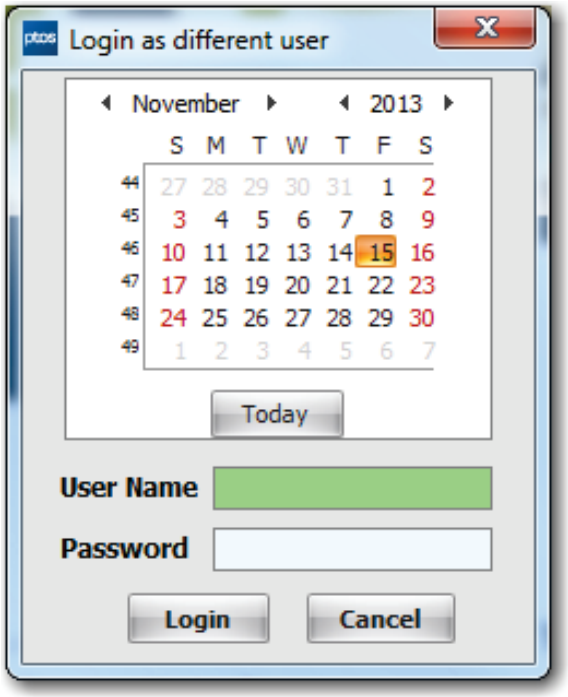
Tools

Worklist

For information on Worklist, see the Worklist section of this document.

Login as Different User

In the Tools menu, select **Login as different user** to switch accounts without exiting PTOS.



Select the date using the calendar or select the **Today** button. The calendar will default to today's date. Enter the **User Name** and **Password** and **Login**.

Help

PTOS Help Menu

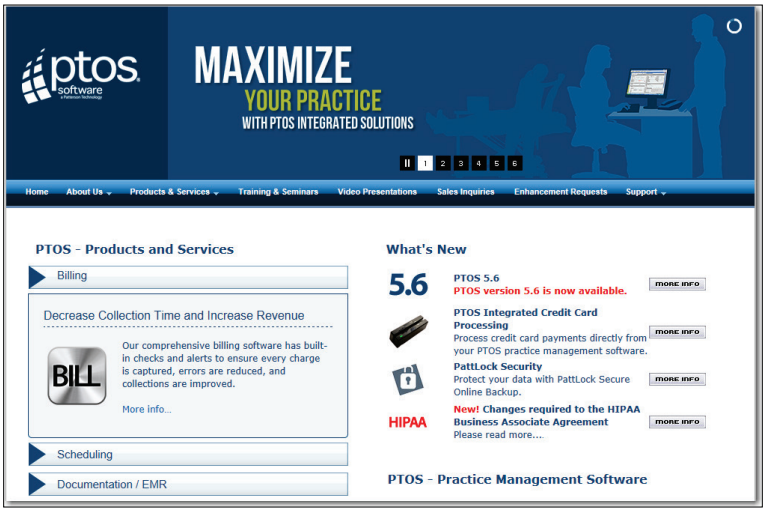
Select **Help** | **PTOS Help** to access a searchable help menu designed to explain and inform.

Online Center

The **Online Center** is a hub of web-based information that is available for PTOS users. Access these websites outside of PTOS software.

Contact Support

Select **Help** | **Online Center** | **Contact Support**. The following appears.



FAQ

FAQ is our searchable only database. To access FAQ, select **Help** | **Online Center** | **FAQ**. Use **FAQ** to ask questions, retrieve answers or learn more about **PTOS**.

Use the drop-down arrow to select a **Patterson Product**. Enter keywords or phrases into the **Search by Keyword** field and select **Search**.

About PTOS

Select **Help** | **About PTOS** to review your individual license information.

System Backups

Having a secure external backup is vital to protect your office data. As of PTOS 4.5, it was be required that you use an external backup system to obtain your nightly, monthly and yearly database backups. As a result, the backup option in PTOS will no longer be available as it is not sufficient to fully protect your valuable data.

Creating Your Backup

Locate the following files and folders in your **PTOS** directory:

PatientStatements folder	RtfDocuments folder	ScanDocument folder
SignedRtfdocuments folder	Images folder	email_template.txt file
SignedPdfdocuments folder	ClaimImageFiles folder	

the xmlvalues.xml file within the CaseResultDocuments folder

These files contain your office's important data and should be backed up nightly.

In addition to the above files/folders from your PTOS directory, you will need to backup create a .**bak** file of your main database. Use **Microsoft SQL Server Management Studio** to turn the .**mdf** and .**ldf** database files into a .**bak** file. For more information on how to create a .**bak** file in Microsoft SQL Server Management Studio, please visit **FAQ**.

Your .**bak** file as well as the files and folders listed under **Creating Your Backup** should be backed up nightly, monthly and annually using an external backup media.

Storing Your Backup

Once you've completed your database backup, it is important that you store your data on an external media, preferably one that can be stored off-site.

Please contact your local hardware provider for more information on secure external backup systems for your office.

Glossary of Terms

%	The percent sign is used throughout PTOS 6.0 like a Macro key. It replaces the F2 key used in PTOS 3.5. Various boxes throughout PTOS 6.0 that ask you to enter a code will allow you to type % and then press <Enter>. A box will appear listing available codes, up to the first 500, for the specific field you are in. Double-click to make a selection from the box.
Allowed Amount	Set in FEE SCHEDULE code and/or C.P.T. code setup, this is the payment amount the insurance allows for a specific C.P.T. code.
AMA	American Medical Association
A/R	A common abbreviation representing accounts receivable, which is the total dollar amount owed to the facility by insurance and patients for services rendered.
Assigned Therapist	This is the provider who is established at the time of patient intake as the one most likely to perform the patient's care. However, depending on the particular patient visit, other providers may treat the patient (i.e. the assigned therapist may be busy, on vacation or have other reasons to delegate care to others). Such other provider is called the treating therapist for a particular patient visit.
AT (account type)	A two-character code that classifies different accounting and insurance criteria so that certain groups of people with a particular account type all have the same criteria applied to them.
FEE SCHEDULE Code (Billing Code Translation)	A code defined for a specific insurance company within the code set up for system administration. It is becoming more common for the patients' primary insurance to use one type of coding system and the secondary carrier to use something different. Billing Code Translation automatically converts to the appropriate code.
Billing Service	A type of PTOS customer who performs medical billing services for multiple, usually unrelated medical offices. Billing services present several special needs that are taken into account within PTOS 6.0. Billing services typically only use the Billing module, not Scheduling or Documentation. Special licensure should be obtained for billing services.

CCI/LCD Audit	The CMS developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims. Go to http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEP/list.asp?listpage=2. Find Code Ranges 90000 – 99999 (for physical medicine or physical therapy…). The CCI Audit prevents using conflicting C.P.T. codes, depicting when a modifier should be used or two codes should be billed together. CMS updates these rules every three months. PTOS 6.0 users receive special instructions on how to manually update their system with these codes. LCD Audits can be run simultaneously with the CCI Audit. The LCD (Local Coverage Determinations) Audit is a check to ensure that C.P.T. Codes and DX Codes are payable when billed together. The rules for LCD are determined by local financial intermediaries http://www.medicare.gov/basics/lcds.asp. If there is a conflict, the audit will warn you that the C.P.T. Code will not be paid with that DX code. You can modify the transaction at that time and run the audit again to make sure it passes.
CMS 1500 (HCFA) form	An insurance form used by most health professionals and insurance companies.
Cogwheel icon	Appears in the upper right-hand corner of various screens throughout PTOS 6.0. If the cogwheel icon option is chosen, a drop-down menu appears with different functions that can be chosen.
Co-insurance	The patient is responsible for a co-insurance amount, which is a calculation, based on patient insurance benefits (ex: 20% of allowed amount on an 80/20 plan).
Co-pay	The dollar amount set in the Patient Editor that the patient is responsible to pay (i.e. $10 co-pay per visit).
C.P.T. code (Current Procedure Terminology)	A C.P.T. code system describes medical and surgical procedures and services performed by physicians and other health providers. The system was developed by the American Medical Association (AMA) and serves a number of purposes. It is essential to billing for patient care services. The 5-digit C.P.T. code is defined by the AMA for all types of medical procedures. In PTOS 6.0, as in most medical billing software systems, the C.P.T. code is an important parameter to keep track of because this code appears in the billing form (whether submitted electronically or on paper) in order to receive reimbursement. However, as strictly defined here, a C.P.T. Code is only one type of procedure code. A yearly revision is made to the C.P.T. CODE by the AMA. PTOS 6.0 currently does not have functionality to automatically update these codes. Customers can manually update their codes using the latest revision provided from the AMA website and/or handbook. However, PTOS 6.0 allows the user to set up any combination of numbers and letters as a C.P.T. /procedure code.
C.P.T. group code	A collection of frequently used codes together under a different designated code to make posting easier when repetitive procedures are performed.
Customer	The entity that licenses PTOS 6.0. It is typically a medical practice, but may also be a billing service. A customer may consist of one or more facilities and one or more users within a facility.
DOS	Date of Service.
DX	The medical abbreviation for Diagnosis.
Insurance expected amount	The amount the insurance is expected to pay based on calculations.
Extended amount	A calculation derived from the actual amount of the charge multiplied by the number of units.

Facility	A physical office or treatment center where medical services are provided to patients. For example, if a single corporate entity (i.e. a partnership or corporation) has three separate addresses where patients are seen, then this counts as three facilities. If there is one physical address where patients are seen (or billing is performed, as in the case of a billing service), but three different entities (usually evidenced by different Tax Identification Numbers), then this also counts as three facilities.
ICD9 code (International Statistical Classification of Diseases and Related Health Problems)	The ICD9 coding system is an international disease classification system that groups related disease entities and conditions for the purpose of reporting statistical information. The National Center for Health Statistics (NCHS) and Center for Medicare and Medicaid Services (CMS) publish annual revisions of these codes. PTOS 6.0 currently does not have functionality to automatically update these codes.
ICODE	Sometimes a procedure code doesn't describe a specific treatment. An ICODE can be entered for the charge and PTOS 6.0 will then allow a unique description, units, amount and the allowed amount. This is a way to designate when extra time or work was done on a patient (i.e. special splint, record copies). It is a one-time use code, not a permanent code.
Modifier	This is a type of code (typically two numbers or letters) that conveys special information about the charge being billed to an insurance carrier. For example, if two charges are being billed that are generally considered by the insurer to be medically inappropriate (and therefore not reimbursed), the use of a particular modifier may signal special patient circumstances that enable the charge to be paid. Or, as another example, providers may, under special medical circumstances, receive reimbursement for patient care above the annual Medicare reimbursement cap. The use of the modifier signals to the insurer that these conditions have been met. The customer may be in violation of the law and suffer penalties if modifiers are inappropriately used.
OT	Occupational therapist.
POS	Place of Service
Provider	The individual person who provides a medical procedure. In the context of this specification, this usually means a physical therapist (PT), occupational therapist (OT), or speech therapist (ST), but could also mean a Chiropractor or MD.
PT	Physical therapist.
PTOS 6.0	A modular practice management software system written primarily in C# and running on a SQL Server database.
PTPN	Physical Therapy Provider Network
REV code	A revenue code is a three-digit number that rehabilitation agencies use in conjunction with a C.P.T. code to designate the type of discipline used to treat the patient. Once set up, the REV code will print in its special space, box 42 of the UB04 CMS 1450 form.
ST	Speech therapist.
Treating therapist or PT	The actual provider (i.e. physical therapist) who performed the procedure on a patient.
UB04 CMS 1450 form	An insurance form used by certain types of providers (States of Florida and Michigan, Rehabilitation and Comprehensive Rehabilitation Facilities (CORF). Requirements vary between states and/or agencies.

Unapplied monies	Payments posted to accounts that are not attached to any specific line item. The money shows as unapplied monies or unapplied bal throughout PTOS 6.0 screens.
Unit	A medical billing term used in the industry that means a Unit of medical care. The exact definition varies by the type of procedure. There are timed and untimed procedures. For an untimed procedure, it is considered to be one unit regardless of the amount of time it took to perform. For a timed procedure, the number of units depends on the amount of time to perform the procedure. Fifteen minutes is typically considered a unit, but can range between 8 and 22 minutes. A patient visit can have one or more units, depending on the procedure.
UPIN	Unique Physician Identification Number

PTOS Website

Visit the PTOS website www.ptos.com to keep your business up-to-date.

The PTOS website has several features available for your use.

Additional Seminars

A list of PTOS seminars is listed on the website. From the main page select the Seminars tab to view the list. Registration for these seminars is required and seating is limited so be sure to call and reserve your seat!

FAQ

Also available on our website is FAQ, our online frequently asked question database. Click the Support tab from the main page, and then choose PTOS FAQs. FAQ is available to all PTOS users to assist with any questions you may have. Not enough time to call support? Use FAQ to help answer your questions!

Enhancement Suggestions

Do you have ideas on how to improve PTOS? Visit our website and click the Enhancement Suggestions button on the main menu. Enter your name, email address, and ideas and send them directly to us!

Support

Select the Support button to access **Live Chat**. Live Chat allows you to open a text dialogue with a Patterson technology representative during business hours.

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